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HEALTHCARE TOURISM: CONCEPTUAL RELEVANCE IN THE INDIAN CONTEXT

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ABSTRACT

We live in an era of rapidly accelerating change. Powerful forces are converging to fundamentally alter ways of living, working, and interacting all around the world. That, in turn, is driving new imperatives for business and unique opportunities and challenges for the travel and tourism sector causing companies, customers, and employees alike to be affected by these transformations (e.g. continued rise in outbound travel from Asia). Healthcare tourism is categorised into three: Outbound where patients travel outside their territorial borders for treatment; Inbound where foreign nationals travel another country for treatment; Intrabound where patients travel domestically for treatment.

This paper focuses on inbound healthcare tourism providing a holistic understanding of the industry in India via summarisation of existing knowledge by knitting together the existing mass of literature published most recently in the healthcare tourism sector where it draws upon the main causes and effects of healthcare industry as well as the spread of it which yields great insight and its application in the developing world context. The United Nations World Tourism Organisation (UNWTO) estimates that medical tourism will be the main business of the 21-century prompting the developing destinations to label the healthcare tourism industry as the industry of the future.

KEYWORDS

Health / Care Tourism, Medical / Wellness Tourism / Destination(s), Self-Pay, India(n), Alternate Medicine, Word of Mouth, Āyurvēda etc.

INTRODUCTION

Patients/tourists travelling abroad their national borders to receive the full range of medical treatment including elective and medically no indicated procedures could be termed healthcare tourism. The main drivers of medical tourism are easy online communication, fairly low costs of airfare, patients who cover the low cost of therapy/treatment/surgery on a self-pay basis have access to a multitude of healthcare providers worldwide (Zavlin et al., 2018).

There are four kinds of facilitators involved in this industry:

Healthcare tourism agencies/operators, who conceive, design, develop, and sell products and services as per the needs of medical tourists;
Tourist offices in hospitals where many services are offered: currency exchange, obtaining / prolonging visas, and ticketing;
Limited professional services (e.g. offering support, reservations, and conducting remote medical consultations); and
Wellness services with a myriad of centres for alternate therapies and for rejuvenation treatments – they are usually held and promoted within or near the tourist accommodation facilities utilising certain traditional therapies that include domestic natural resources (Lunt et al., 2011).

About a decade-and-a-half ago over 1.2 million medical patients travelled to India, and the industry back then was believed to generate nearly US$60 billion in revenues with 20% growth rate. This sector is believed to have grown explosively since the late 1990s where thousands of patients reasoned care to be either too costly, not enough or available at home, and started moving to countries such as India, thereby, creating Asian destinations (Connell, 2013).

The state-of-the-art equipment, cosy accommodations, has aptly aided this dramatic rise and, most importantly, doctors trained in the US/UK (Cai et al., 2016). Even so, the Internet and the word of mouth (WoM) coupled with the level of quality of care, medical preferences and availability, and the economic or cultural factors too played a noteworthy role. A big selling point for these destinations was that their treatments prices were 80% lower than the medical tourists' home country (Herrick, 2007).

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Across the globe, tourism is one of the fastest growing sectors with considerable revenue generation, and equally, the healthcare sector grew rapidly in developing countries via foreign direct investment (FDI) which significantly augmented a country's GDP (Cheah & Abdul-Rahim, 2014).

LITERATURE REVIEW

Regardless of the number of sources of information that deal with its impressive development and evolvement which could lead to think as if it was a new phenomenon (Badulescu & Badulescu, 2014), healthcare tourism dates to as old as medicine itself evident by the universal culture of fables, legends, and tales about mythical protagonists seeking potions and cures for their loved ones and themselves through their adventures looking for fountains of youth, and eternal beauty. There were many ancient cultures that used mineral springs for treatment of multiple diseases suffered greatly by such cultures.

Ancient Greeks crossed the Mediterranean Sea in a quest for a land called Epidaurus, which they believed to be the sanctuary of the healing god Asclepius near the Salonic Gulf. In addition, in the island of Kos the legendary physicist Hippocrates was believed to have commenced his career. The Romans appreciated the curative features of springs and thermal baths and started building and constructing thermal curative establishments throughout the empire like Bath, now in the UK; Aix and Vichy, currently France; Aachen and Wiesbaden, nowadays Germany; Baden, now Austria; Aquincum, now it's a part of Obuda district of Budapest, Hungary; and Herculaneum, Romania. Similarly, both Persian and Indian travellers had a tradition of seeking alternative medicine outside (Chaniotis, 2005). In fact, the early Indian medicine of Āyurvēda (Sanskrit *āyur* – lif + *vēda* – knowledge) dates back 5000 years ago and was observed by Indians as a true science of life where they had to travel to the area of Āyurvēda to benefit from this medicine. Thus, travelling long distances for medical purposes were limited to only wealthy or desperate people.

In the modern (post-World War II) era, the free movement of goods and services under the auspices of the UNWTO and its General Agreement on Trade in Services (GATS) has accelerated the liberalisation of the trade in health services. A combination of several factors led to the recent significant increase in the popularity of medical tourism – a new form of a niche tourism market (Paffhausen et al., 2010) – involving the act of travelling to other countries to obtain medical, dental, and surgical care. Cormany & Baloglu (2011) assert that the driving motivator for health travellers is cost savings, as of yet unproven. Beladi et al. (2015) covered the benefits and drawbacks of health tourism for the destination countries. Higher income strengthens the relationship between online WoM and the intention to travel to the healthcare destination (Abubakar & Ilkan, 2016).

Adabi et al. (2017) present a case series of patients living in the United States who travelled abroad for cosmetic surgery and postoperatively suffered adverse outcomes – their case was rebuked by Zavlin et al. (2018) on the ground that cosmetic surgery was an elective and medically nonindicated procedure requiring optimal follow-up which would not be the case when patients return to the US after surgery leading to postoperative complications. Badulescu (2013) discussed transforming medical care into a marketing tool where it is viewed as a commodity that can be bought and sold.

Beladi et al. (2015) talk about the positive aspects of health tourism for the host countries concerning health sector employees, how it can keep them in their countries, and what they should do to enhance the earnings of medical tourism. Chen & Flood (2013) delved into the impact of medical tourism on the developing destination countries in terms of equity issues and low and middle-income classes of the society while addressing most of these issues.

Chuang et al. (2014) dealt with the evolution of medical tourism, its motives, and the emergence of organ transplant tourism and its related issues where it is becoming a trend to link transplantation to beautification. Bies & Zacharia (2007) tackled the phenomenon of outsourcing surgeries, explain its advantages and risks, whether it should be encouraged or not, and what form of health tourism consumers prefer.

Globalisation really opened many vistas for developing countries to emerge as a centre of excellence in medical tourism (Sujatha & Kumar, 2006) laying the foundation for the Indian healthcare industry emerge as a prime destination for medical tourists by upgrading its technology, gaining greater familiarity with western medical practices, and improving its image in terms of quality and cost (Mohanty & Madhav, 2006) causing a substantial number of foreigners, mostly from the USA/UK, come India to avail the quality medical treatment with no waiting/queue ins at a fraction of the cost of other countries all the while having a good holiday.

After Singapore and Thailand, India is the next multimillion-dollar Asian medical industry (Mukherjee & Mookerji, 2004). The emergence of Indian medical tourism as one of the world's most cost-efficient medical tourism destinations has helped India to attain a position among the global leaders poising Indian healthcare industry to grow at a compound annual growth rate (CAGR) of 15% and nearly 90% of this growth would come from the private sector (FICCI-Ernst and Young, 2007). Turner (2008)

emphasises on marketing services as high technology and high quality is common, as well as a focus on clinicians with overseas experience (training, employment, registration) is potentially important.

Thus, this study thrashes out the concept of healthcare tourism in a holistic manner bringing to the fore every facet (genesis, evolvement, and trends) concerned with the broader theme of the study pertaining to the Indian phenomenon.

HEALTHCARE TOURISM: DEFINITION, MEANING, AND MAGNITUDE

Tourism is one of the dynamically vital industries for an(y) economy to create favourable conditions for its populace, provide employment, and generate extra income earned by way of foreigners who visit the country for pleasure. In lay parlance, tourism is travel for recreational, leisure, or business purposes.

The Organisation for Economic Cooperation and Development (OECD) defines tourists as people who "travel to and stay in places outside their usual environment for more than twenty-four (24) hours and not more than one consecutive year for leisure, business, and other purposes not related to the exercise of an activity remunerated from within the place visited (OECD, 2007)" It includes transportation services (airlines, cruise ships, and taxicabs); hospitality services (accommodations: hotels and resorts); and entertainment venues (amusement parks, casinos, shopping malls, music venues, and theatres).

Health tourism is the organised travel outside one's local environment for the maintenance, enhancement, or restoration of an individual's wellbeing in mind and body (Carrera & Bridges, 2006). Consumers may solely travel with the purpose of receiving healthcare services or combine their travel with an enjoyable vacation element. Hence, medical tourism is related to the broader concept of health tourism (Lunt, et al., 2011).

Taxonomically, a range of nomenclature is used in the health services literature: international medical travel, medical outsourcing, medical refugees, and biotech pilgrims. Some commentators object to the use of the term 'medical tourism' (Whittaker, 2008; Glinos et al., 2010; Kangas, 2011). The taxonomical moniker 'healthcare tourism' has no unanimous definition owing to its long- standing history and tradition which rendered critics to approach the definition in terms of the activities, driving factors, or motivations making its definition holistic of all the travel activities that are related to health, wellbeing, and medical purposes. Consequently, the term, these days, in its broadest sense implies travel activity that promotes the wellbeing and health of the tourist by involving medical enhancement treatments (Ahwireng-Obeng & van Loggerenberg, 2011).

The research into the economic impact and social importance of the sector conducted over the last 25 years by World Travel & Tourism Council (WTTC), which represents the global private sector of travel and tourism, shows that travel and tourism in 2018:

Contributed US$ 8.8 trillion to the global economy;

Grew faster than the global economy for the eighth successive year (3.9% for Travel and Tourism versus 3.2% for global GDP);

Generated 10.4% of all the global economic activity;

Contributed 319 million jobs, representing one in ten of all jobs globally;

Is responsible for one in five of all new jobs created in the world over the last five years;

Is the second-fastest growing sector in the world, ahead of Healthcare (+3.1%); Information Technology (+1.7%) and Financial Services (+1.7%) behind only Manufacturing, which grew by 4%;

Increased its share of leisure spending to 78.5% (from 77.5% in 2017) meaning 21.5% (22.5% in 2017) of spending was on business;

Increased its share of spending from international tourists 28.8%, up from 27.3% in 2017. This means that 71.2% of spending comes from domestic tourists. It is clear after these statistics why tourism industry is so important for the countries (WTTC, 2018).

TAXONOMY OF HEALTHCARE TOURISM

The world economy is changing rapidly and sporadic innovations are nearly extant in every sphere of the ever-expanding global economy. Of late, developments in tourism have led to its numerous specialty forms, which have been succinctly discussed here.

Adventure

(Also *extreme tourism*) Here, the main motivations of the traveller are risk taking, yearning for excitement, and adventure. Although, judged extreme from the views of points of aesthetics, legality, and morality, they are not considered as negative since the longing is for adventure. It combines travelling, sporting challenges, and outdoor activities. E.g.: trekking the Himalayas, abseiling inside waterfalls, riding mountain bikes on hilly terrain, parasailing, paragliding, basejumping, bungee jumping, hydro speeding, rafting, canyoning, skiing, and snowboarding are becoming increasingly popular, especially with affluent urban thrill- seekers (Bujdosó & Dávid, 2013).

Agritourism

(Also *agrotourism*) involves any agriculturally based operation or activity that brings visitors to a farm, ranch (Biuso, 2007), or to a countryside. Though most agritourists simply spend an afternoon visiting farm stands, picking fruit, or feeding animals, others might stay on a farm for several days. Depending on the farm, they might have the opportunity to help with farm or ranch chores, contributing to tasks ranging from planting crops to building greenhouses.

Bariatric

When obese medical patients travel to receive treatments for their obesity (Birch et al., 2010; Snyder et al, 2016).

Birth / Maternity

A medical facility that provides obstetric services to foreign parents (Para Ti, 2018). Often, the end goal is obtaining a passport for the baby or access to healthcare. Parents often consider birth tourism in light of what opportunities they can give to their newborn. So long as women do not lie about why they are coming (visiting), birth tourism is legal in most countries.

Cosmetic

Medical tourists travel to get elective/nonindicated cosmetic surgeries (Cai et al., 2016) via three ways:

Macro-tourism – receive the treatment overseas;
Micro-tourism – receive the treatment via a distant plastic surgeon as the patient needs a postoperative care by a domestic plastic surgeon afterwards;
Specialty tourism – receive a plastic surgery from a non-plastic surgeon which poses a difficulty to find a plastic surgeon to consult in case of complications because they would feel an increased sense of tension and hesitation to take care of a plastic procedure that is undergone by a non-plastic surgeon (Iorio et al., 2014).

Culinary

Exploring food as the purpose of tourism (Long & Lexington, 2004). Healthy eating is not just about following a strict diet, rather experimenting healthy new food, which provides energy and stabilises the mood. Wellness tourists achieve this by learning the nutrition basics and using them for their physical and psychological wellbeing. Ergo, food is becoming the new taste of a destination where culture seems to be moving out from museums to be a live experience where the quality of slow/fast food has to be high (Hrelia, 2015).

Culture and Heritage

Travel to destinations of local/host populations to discover their ancient and current lifestyles leading to a eudaimonic pleasure of self-realisation whose by-product is happiness. It renders tourists' psychological wellbeing via heritage sites, architecture, art galleries, museums, and social customs. It benefits the destination countries too through positive economic and social impact that can aid in maintaining harmony of cultural identity and facilitate understanding or cohabitation (Philipp & Thorne, 2013). Although, some scholars differentiate culture and heritage tourism as distinct, the researchers are of the view that they are inseparable by their very nature, as one cannot preclude the other.

Dark

Travel to a location wholly, or partially, motivated by the desire for actual or symbolic encounters with death, particularly, but not exclusively, violent death (Seaton, 1996). There are five possible categories of dark travel activity: to witness public enactments

of death; to sites of individual or mass deaths; to memorials or internment sites; to see symbolic representations of death; and, to witness re-enactments of death.

Dental

Patients travel offshore to have their teeth fixed (Bartold, 2010). It consists of two types:

Classic – travel to another country to receive dental treatment as a part of holiday;

Migrant – go back to native country for a holiday and visit relatives while accessing dental care during the stay (Jaapar et al., 2017).

Ecotourism

Involves visiting fragile, pristine, and relatively undisturbed natural areas, intended as a low-impact and often small-scale alternative to standard commercial mass tourism. It means responsible travel to natural areas, conserving the environment, and improving the well-being of the local people (The International Ecotourism Society, 2018).

Fertility

(Also *reproductive/procreative tourism*) the travelling by candidate service recipients from one institution, jurisdiction, or country where treatment is not available to another institution, jurisdiction, or country where they can obtain the kind of medically assisted reproduction they desire (Pennings, 2002). Tourists are usually infertile individuals and couples who travel across national and international borders with the intention of receiving medical advice, assisted reproductive technology (ART) treatments, and, in some cases, donor gametes, embryos, or surrogacy services.

Geotourism

Deals with the natural and built environments (Sadry, 2009) encompassing all aspects of travel, not just the environment…tourism that sustains or enhances the geographical character of a place: its environment, heritage, aesthetics, culture, and wellbeing of its residents – describes completely all aspects of sustainability in travel (Stokes et al., 2003). Geotourism differentiates itself from ecotourism by focusing on the working landscape of the region and is not bounded by a protected or pristine area, but ties sustainability to all aspects of the region where people interact with the environment (Boley et al., 2016).

Health / Care

An umbrella term, it includes both of wellness and illness / medical tourism (Kajzar, 2015). Based on its motivation, healthcare tourism is categorised into two: *Health Healing:* patient's travel overseas seeking to restore their health and to treat an illness – medical tourism; *Health Promotion*: tourists travel abroad to enhance their health potency in the destination country – wellness tourism (Chantrapornchai & Choksuchat, 2016).

Illegal

Based on the legality of the service sought, medical tourism can be divided into three:

Services which are illegal in both the medical tourist's home and destination sought by patients (purchasing an organ);

Semi-legal services which are illegal/unapproved in the medical tourist's country, but are legal in their destination – called *circumvention tourism* – (stem cell treatment, fertility, experimental drug, and euthanasia);

Services that are legal both in the home and destination country of the patient, opted owing to lower costs or better-quality treatments abroad and to avoid the long waiting time in the home country (Cohen, 2012) – Government and insurer prompted tourism usually deals with this segment. Employers encourage medical tourism of their staff as it helps in reducing the medical costs of their employees by sending them abroad to less expensive destinations where the savings from this process could be passed on to the employees to spend on their accord (Bies & Zacharia, 2007).

Illness / Medical

Patients travel abroad to receive medical treatment (Badulescu, 2013). It encompasses a wide range of *clinical* procedures and

entails qualified medical interventions (e.g. check-up/health screening, dental/joint treatments, heart/cancer, or neurosurgeries/transplants) including even *enhancement* procedures that do not relate to a disease, yet, they need a qualified medical intervention for aesthetic reasons (e.g. cosmetic or breast surgeries, facelifts, dental work, and liposuction). Earlier, this usually referred to travelling from less-developed countries to major medical centres in highly developed countries for treatment unavailable at home (Horowitz, 2007). All the same, this trend is being uprooted due to reverse globalisation (read further).

Refractive Surgery

Patients suffering from this eye malfunction would travel to receive treatment (Lockington et al., 2014).

Religious

(Also *faith tourism*), here people travel individually or in groups for pilgrimage, missionary, or leisure/fellowship purposes (Gannon, 2017).

Sports

Involves either observing or participating in a sporting event while staying apart from the tourists' usual environment (DISR, 2000).

Stem Cell

The most controversial of medical tourism, in which patients are driven by hope and pretence by myriad of clinics worldwide offering unproven stem cell treatments for desperate patients suffering from intractable medical conditions (Crush & Chikanda, 2015). These clinics have been criticised heavily by scientists, clinicians, and bioethicists as they make use of the bad condition of ill patients and claim that they have achieved a valid advancement in the stem cell therapies. Lindvall & Hyun (2009) revealed how clinics worldwide tend to overpromise their clients about the outcomes of their treatments and downplay the risks associated with it which imposed the potential of a serious harm to the vulnerable patients as many of them are too young to make an(y) informed decision.

Transplant

Patients travel overseas to have an organ transplantation – a notorious form of medical tourism, heavily denounced by the World Health Organisation (WHO) (Chin & Campbell, 2012).

Wellness

An offshoot of healthcare tourism, people travel to improve or maintain their health comprising of treatments such as spas, thermal bath, massage, acupuncture, diet, beauty care, herbal/āyurvēda, homoeotherapy, or yoga. It is divided to four groups:

> *Spas at a Hotel/Resort:* where spas are located in a hotel – here hotel or resort service is the overall business while the spa is a facility inside;
>
> *Spa as a Destination:* provides a tailor-made package for the tourists who would like to attend a course at a resort for two nights;
>
> *Day Spa:* where myriad services are provided that can take place without the need to stay for an overnight. Hence, an outside guest can visit the hotel/resort, it can then qualify for a day spa depending on the duration of stay;
>
> *Medical Spa:* a midcourse between a day spa and the healthcare clinic – it must be operated by a qualified medical team that could deal with cosmetic or nutrition services and the like (Chantrapornchai & Choksuchat, 2016).

Apart from the above, there are other forms of tourism like LGBTQ/sex, movie, nautical, pop-culture, and slum tourisms, which have not been highlighted as they fall outside the gamut of this study. All in all, healthcare tourism comprises of wellness tourism concerned about soft and minor or secondary treatments such as relaxation therapies, massage services; and medical tourism is about having a disorder, an illness, or injury, and this could be deducted from the word 'medical' itself which indicates a disease in its raw meaning; this leads the term to have numerous possibilities ranging from psychotherapy to stem cell treatments and the like which signals that not all its treatments include a surgery (Connell, 2013).

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CONTEMPORARY VOGUES IN HEALTHCARE TOURISM

The trends of health tourism, specifically health tourism services/interventions, which will likely continue to thrive in the days to come, are:

Baby Boomers

As per WHO, around one billion people are already over 60 years old and it is estimated that by 2050 one in every five persons of the world population would be over 60 which is anticipated to cause great loads on the economies of all the countries that adopt traditional healthcare systems. The post war baby boomer populace are approaching the age of their highest disposable income due to their aging, which increases their propensity to travel (García-Altés, 2005), making them less price conscious, but more sensitive about features like location, destination, privacy, and quality of care. This would mean market increases in the demand for cosmetic surgeries, spas, and retirement communities.

Cosmetic Procedures

Beautification is the hottest vogue of the healthcare industry (Chuang et al., 2014) with growing demand in elective procedures like rhinoplasty, liposuction, breast enhancement/reduction, and LASIK (laser-assisted in situ keratomileusis) surgery. Currency fluctuations play a major role in tourists opting destinations with favourable exchange rate.

Exoticism

By 2030 over 1.2 billion people in the developing countries will belong to the global middleclass (Jamison et al., 2017) – a sharp rise from 400 million in 2005 – signifying that black African women have a high probability of suffering from breast cancer due to their increase of income and social class due to their adopting Western procreative and food behaviours that are typical of middleclass lifestyles causing sub-Saharan Africa to become a vast market of breast cancer treatments.

Robust ICT

ICT and healthcare tourism are inseparable with the Internet being the prime source of information about health centres in prospective destinations. Testimonies on websites aid the potential customers make an informed decision. Internet of Things (IoT)-enabled devices observe pivotal health parameters and physical activity allowing patients pursue a healthy lifestyle which prevents illnesses by monitoring vital data 24/7. Data collection is reaching new heights in terms of scale, speed, impact, and opportunity. The IoT is expected to be a US$2 trillion market by 2030, with 75 billion connected devices expected to be in use by 2020 (Lucero, (2016).

Through the development of smart homes, smart cities, autonomous vehicles, and other IoT phenomena, our surroundings are becoming a continuum of sensors that capture enormous amounts of information. Simultaneously, machine learning is set to revolutionise our ability to make use of all the newly available data marking a shift from rules-based analysis to learning-based artificial intelligence (AI) in which the data dictates this model (Engleson, 2017).

As the new devices help in improving the functionality of the primary set of devices since they are configured to other personal devices of the patient like smartphones, home gateway, PC, and the like. Thus, new devices empower the patients to get more detailed information collected while staying at home and hospitalisation would be used only in emergency situations where a surgery is needed or conducting treatments at home is deemed to be too hazardous.

Reverse Globalisation:

Internal brain drain is one of the unintended consequences of privatisation as specialists can earn higher income in the private sector. Although, urban-rural disparities exist as most private hospitals are located in urban areas (Phua & Barraclough, 2011).

The main trend of health tourism is reverse globalisation wherein developed countries of Europe and the US have been categorised as high-cost destinations and the developing countries of Asia as low-cost destinations. Developed countries' loss of competitive advantage of knowledge-based innovative activities to developing ones through establishing private centres of excellence for specialised treatments attracted medical tourists seek them and catered local patients too who could afford it. These centres have top doctors trained in the US/UK, some foreign physicians, and high quality staff to maintain positive relationships with well-placed medical individuals globally that could help in promoting prospective referrals.

Additionally, affiliating medical centres to renowned foreign schools assists in obtaining referrals worldwide, which further establishes these countries as prospective destinations for medical tourists. Nowadays, bilateral agreements between countries for

healthcare tourism are a result of the reverse globalisation of its market. A case in point is the bi-lateral agreements between the UK and India concerning medical tourism wherein UK exports its medical patients to India to receive healthcare services and treatments (Álvarez et al., 2011).

Contemporary society has witnessed a steady and rapid growth of medical tourism mainly due to the inclination of middle to upper class Americans and Europeans to travel to non-Western destinations like India, Malaysia, Mexico, Singapore, and Thailand as they offer good quality treatments at relatively low costs and allow them to combine medication with vacation.

Therapeutic Procedures

They are divided into three groups:

Destinations with a reputation/contribution for healing, renowned for their natural landscapes (e.g. Lourdes, France) promote natural touristic trips in natural environments for healing purposes or incorporate elements of nature in their interior décor which help in creating new spaces of healing;

Alternative therapies' network: spa facilities, Āyurvēdic medicine, yoga, tai chi, vegetarian cafés, and gardens serving as harmonising additions to medical tourism packages; and

Therapeutic centres as healthy spaces reflecting the societal values.

MOTIVATORS, MITIGATING FACTORS, AND BENEFIT FOR HEALTHCARE TOURISTS

Healthcare tourists differ in terms of the services pursued and expenses coverage. Most price sensitive tourists also happen to be quality sensitive too for they opt self-pay for the type of health procedure undergone. Then, there are insurance or government covered medical tourists who would follow the schemes designed for them, while the rest make use of medical tourism owing to common borders, or during their either temporary visit or long-term residence abroad.

Motivation is a psychological state in which the person is inclined towards and attempts to realise a type of fulfilment. Medical tourists' behaviour is driven by needs that spring from their internal state as it is deeply affected by two forces of motivation:

The need to escape from a personal or interpersonal problem e.g. A medical condition, and

The need to pursue a reward in which s/he gets personal or interpersonal benefit e.g. Having illness cured, spending quality time in the destination country (jaapar et al., 2017).

The myriad motivations behind the pursuance of healthcare tourism are:

Costs: The prime driver for patients is to save money;

Availability: Procedures not available at home;

Quality and Trust: Better at the destination country;

WoM and Info: Positive WoM and the abundance of information available on the Internet;

Cultural Ambience: The similarity of the destination country, its atmosphere and location sometimes move the healthcare tourists; and

Propinquity: At times, it is proximity of neighbouring countries.

Conversely, the very same drivers, on reaching the other extreme, become the mitigating issues of healthcare tourism:

Ethicality – The concerns that arise where some patients receive fraudulent or illegal procedures;

Risks – The postoperative complications resulting from overseas treatment;

Equity – The gap in treatment between the well-off healthcare tourists and the local population who cannot afford such procedures in their own home country due to higher costs (Baker, 2015);

Infections – One might receive in the host countries;

Quality Care – Poor quality of care received during the treatment abroad (Pafford, 2009);

Negative WoM – Patients providing negatively reviewing medical tourism destination results in negative WoM; and

Legality – Legal restrictions in host destinations (García-Altés, 2005).

The tri-categorisation of benefits of healthcare tourism are:

Economic – Benefits to the host countries include luring foreign investments in medical destinations resulting in fresh revenue by the healthcare system (Beladi et al., 2015);

Social – Benefits to the societies of the exporting and importing countries. The high profits of medical tourism in the private sector start trickling down to the general public at a discounted rate to the local patients to benefit from high-tech facilities, thereby, lowering the pressure on the public sector e.g. Apollo Hospitals, India offers philanthropic treatments for low-income children in cardiac procedures; and

Medical – Benefits related to the medical treatments and care quality of the host countries encompass developing state-of-the-art technologies, practitioners with credentials, and international accreditation of its facilities leading the public sector to start investing in their own infrastructure and revitalise weak healthcare systems.

HEALTHCARE TOURISM: THE INDIAN SCENARIO

The inimitability of India lies in its ability to offer holistic medical services such as āyurvēda, yoga, meditation, homeopathic, and unani treatments (Singh, 2014) enabling it to emerge as one of the world's most cost-efficient and fastest growing medical tourism destinations (Wong & Musa, 2012). Despite these advantages, the Indian government is taking a different approach in promoting its medical tourism industry by highlighting its wellness elements.

The Ministry of Tourism, Government of India – reported 460,000 foreign tourists visited India for medical purpose in 2015-16, a 23% increase from the year before and that most of the medical tourists are from South Asia, Africa and Middle East (IMTJ, 2017) – is actively promoting medical tourism through overseas road shows where market development assistance (MDA) is provided to medical and wellness tourism service providers to encourage overseas promotion.

The government had introduced medical visa to govern medical tourism. In order to further expand the healthcare system and enhance its quality, the government also actively provides incentives and gives special approvals to foreign firms for direct investments. Vice versa, some of its large hospital groups (i.e. Apollo Hospitals, Fortis Healthcare) are expanding overseas, creating a strong global brand name and building referral opportunities.

Among the most popular sought after treatments by the medical tourists in India are cardiac surgery, orthopaedic, dental care, cosmetic surgeries, organ transplant, and surrogacy (Swamy, 2014), where the latter two may not be easily available in other destinations. Majority of them prefer India due to the low-cost factor, offers less waiting time in the hospital, personalised services, medical specialisation, and highly trained doctors (Wharton, 2011).

As a world-renowned medical study destination, India produces more than 30,000 medical graduates annually (Singh, 2014) with 21 Joint Commission International (JCI) accredited hospitals (JCI, 2013) where the majority of them are situated within the cities of New Delhi and Mumbai.

India still lacks far behind by the Western standards, despite its growth of medical tourism, the infrastructure system (e.g. flight connectivity, roads, public transport), and general hygiene conditions (Gan, 2012). Foreign patients have little trust in Indian hospitals, particularly when there is a lack of uniform pricing policies and standards across hospitals (Dawn & Pal, 2011). The rape cases of foreign tourists and increasing crime rates in India further tarnished its tourism destination image (Rana, 2014) causing medical tourists to place extra cautions before deciding to seek treatment in India.

PROPOSITIONS FOR AUGMENTING INDIAN HEALTHCARE SECTOR

Pocock & Phua (2011) consider delivery, financing, human resource, governance, and regulation are the key variables in medical tourism. Following terse suggestions go a long way to amplify the Indian healthcare tourism.

Professionalisation

Slew of steps in this regard would entail: (a) Increasing the number of internationally accredited hospitals (JCI, ISO, TEMOS) offering standardised health services; (b) creation of a resource pool of highly skilled and cordial healthcare professionals/staff principally enhancing their insufficient foreign language skills; (c) standardisation of services including even uniformity of prices.

Satisfaction

Patient's clinical outcomes and satisfaction do not necessarily go hand in hand with one another since satisfaction is not always the primary indicator for some treatments (for instance, terminal illness or rare complicated surgical cases) as is the cost involved (Ehrbeck et al., 2008).

Coordination

A tripartite synergetic synchronisation between accredited hospitals, medical tourism facilitators (travel agencies connecting medical tourists with healthcare institutions), and the respective state governments to fortify the trust of visiting tourists.

Holisticise

Banking on the strength of ancient Indian medicine and blending it with a host of other alternative healing therapies i.e. AYUSH (Āyurvēda, yoga, unani, sidha, homoeopathy), naturopathy, *et cetera* and offering them along with allopathic treatment helps the medical tourists in benefitting from holistic healing.

Superspecialisation

Develop a close-knit network/association to build centres of excellence with expertise in a couple of medical solutions that are above the healthcare destinations of the world (e.g. Thailand – cosmetic and sex medicines; US – cancer and orthopaedic solutions) which can divert and attract foreign patients to the Indian shores and compete with the world market.

ICT Full-On

Monitor the reviews on popular reviews sites and social media as the positive online WoM has the power to obtain 30 times the number of customers than the traditional way since the healthcare tourists regard it to be up-to-date, impartial, and more trustworthy (e.g. immediate photo sharing during cosmetic treatments) than the information provided on the hospital websites or brochures of travel agencies.

Homogeneity

Studies show that patients opt treatment destinations with similar culture, language, religion, climate, or physical surroundings since they tend to feel insecure during their illness period. So, the healthcare administrators do their best to familiarise the patients with the destination country so as to stimulate a continuous stream of referrals as it is strategically important to have foreign medical trainees, recruit foreign doctors, and to maintain strong relationships with well-placed medical representatives to increase future referrals.

Intellectual Osmosis

An effective technique to draw the attention of target countries is to convene medical seminars at domestic and foreign institutions, which would be a positive step for having referrals from different backgrounds. Thus, it is highly important to create 'cultural niches' in the destination country hospitals to feel culturally comfortable.

CONCLUSION

Apart from witnessing an increase of patients from the subcontinental countries, India is becoming a popular destination for Americans, Canadians, and Europeans for cost factors and specialised treatments like fertility, orthopaedic, cardiac, oncology problems, and organ transplants (Barnato, 2014). What's more, India offers traditional treatment of alternative medicine i.e. Āyurvēda intriguing more patients to experience it. Besides, natural spas, hot springs, and health centres have always been an attraction point for health tourists since there is no way to stimulate such conditions authentically in domestic hospitals which makes traditional treatment to continue to attract more and more people. Ergo, India should invest more on its medical arsenal so as to offer treatment of the same level as in developed countries, but at a lower price so that healthcare tourism will dominate the

market for years (probably decades) to come.

The Indian healthcare sector needs to embrace the tech, the trends, and the training needed to beat the best and ace in the Asian health tourism destination in view of the fact that the coming decades will be marked by changing power dynamics resulting in the emergence of new centres of influence.

A growing and predominantly Asian middleclass and increasing urbanisation will have dramatic effects on global markets requiring businesses to keep up with the demands of the most sought-after consumers, and compel them to address the repercussions of these shifts in today's hyper-connected world. The IoT and machine learning – AI alone is expected to contribute over US$15.7 trillion to the global economy – will deliver unprecedented ability to better understand and predict outcomes, becoming the lynchpin of new applications, strategies, and business plans. These technologies offer tremendous opportunities for the travel and tourism sector to provide connected, personalised and integrated customer experiences, but trust and accountability are also required. Data collection via smart devices enables consumer empowerment through access to information – but it also increasingly makes consumers uneasy when it comes to their safety, security, and privacy (WTTC, 2018).

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