



INDIAN JOURNAL OF
LEGAL REVIEW

VOLUME 4 AND ISSUE 4 OF 2024

INSTITUTE OF LEGAL EDUCATION



INDIAN JOURNAL OF LEGAL REVIEW

APIS – 3920 – 0001 | ISSN – 2583-2344

(Free and Open Access Journal)

Journal's Home Page – <https://ijlr.iledu.in/>

Journal's Editorial Page – <https://ijlr.iledu.in/editorial-board/>

Volume 4 and Issue 4 of 2024 (Access Full Issue on – <https://ijlr.iledu.in/volume-4-and-issue-4-of-2024/>)

Publisher

Prasanna S,

Chairman of Institute of Legal Education (Established by I.L.E. Educational Trust)

No. 08, Arul Nagar, Seera Thoppu,

Maudhanda Kurichi, Srirangam,

Tiruchirappalli – 620102

Phone : +91 94896 71437 – info@iledu.in / Chairman@iledu.in



© Institute of Legal Education

Copyright Disclaimer: All rights are reserve with Institute of Legal Education. No part of the material published on this website (Articles or Research Papers including those published in this journal) may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher. For more details refer <https://ijlr.iledu.in/terms-and-condition/>

“MEDICAL TOURISM: INDIA’S EMERGENCE AS A PRIME PLAYER”

AUTHOR – DHANUSH.K, STUDENT AT SAVEETHA SCHOOL OF LAW, SAVEETHA INSTITUTE OF MEDICAL AND TECHNICAL SCIENCES, (SIMATS), CHENNAI-77

BEST CITATION – DHANUSH.K, “MEDICAL TOURISM: INDIA’S EMERGENCE AS A PRIME PLAYER”, *INDIAN JOURNAL OF LEGAL REVIEW (IJLR)*, 4 (4) OF 2024, PG. 174-181, APIS – 3920 – 0001 & ISSN – 2583-2344.

ABSTRACT

Medical tourism is a growing sector in the healthcare industry. Due to globalisation and the development of technology, foreigners are willing to travel to other nations and obtain medical treatment for the fraction of the price that it would originally cost in their country. Although medical tourism isn’t a recent phenomenon it has existed during the Greek and Roman empire’s peak. The aim of this paper is to understand India’s role in medical tourism, its reason for popularity and its significance as an important destination. For the purpose of this study, descriptive research is used to accurately portray the public opinion on the importance and significance of medical tourism. Convenient sampling method is used to collect the samples. Independent variables are age, gender and occupation. Dependent variables are ‘India as a destination for medical tourism’, ‘India a major hub’ and ‘benefits of medical tourism’.

Keywords: Medical, Tourism, health, healthcare, globalisation, Treatment

INTRODUCTION

Medical tourism refers to people travelling from abroad to obtain medical treatment. Earlier, medical tourism was referred to as people from underdeveloped countries travelling to developed countries to acquire treatment. But in recent times it can also equally refer to people travelling from developed countries to developing countries to acquire treatment at affordable cost. Sometimes the reason might even be that some treatment might be illegal or not approved by the medical agencies in that country. The most common treatments acquired by recipients of medical tourism are cosmetic surgeries, dental, fertility surgeries and physical wellness treatments such as physiotherapy. Medical tourism not only refers to surgical treatments but also recuperative treatments for example: a person from the U.S may travel to India to learn yoga to reduce his stress, this is a form of medical tourism too. India is especially a unique destination as there are multiple medical methods available.

Medical tourism isn’t a recent phenomenon, its roots trace back thousands of years ago when Greek pilgrims traveled from the eastern Mediterranean to a small area in the Saronic Gulf called Epidauria. This territory was the sanctuary of healing god Asklepios. The earlier forms of medical tourism were in the form of spa towns and sanitarium.

Korean medical tourism has been facilitated by the effect of Hallyu and advanced Korean brand power. More importantly, tourism activities for companions and extra support for patients’ convenience are identified as important success factors of Korean medical tourism, suggesting that the medical tourism industry not only includes medical services but also involves tourism perspectives, supporting the patient and their companions to stay in a comfortable and pleasurable environment.

The reason why people travel abroad to acquire treatment varies from country to country. The people from the U.K choose medical tourism due to the long waiting period, whereas U.S citizens choose it due to the exorbitant cost of

treatment. Additionally, developed nations do not have flexibility or freedom of choice for choosing their preferred facility and treatment.

The aim of the study is to understand India's role in the emerging field of medical tourism, examine the reason for its popularity and analyse its significance.

OBJECTIVES

1. To understand India's role in medical tourism.
2. To examine the reason for India's popularity as a medical destination.
3. To analyse the significance of India being a major hub for medical tourism.
4. To study the factors resulting in the emergence of medical tourism in India.

REVIEW OF LITERATURE:

1. **Kunwar(2019)** highlights a conceptual analysis of medical tourism. Medical tourism, where patients travel overseas for operations, has grown rapidly in the past decade, especially cosmetic surgery. This study examined whether the scholars who studied medical tourism didn't touch on hospitality provided to hospital patients.
2. **Borah(2018)** explores opportunities, discusses its key challenges and designing the suitable strategies for developing health tourism in India. It also emphasizes the competitive advantage that India possess in regards to the health tourism sector. The researcher aims to bring out awareness of the alternative treatments such as yoga and the native treatment techniques.
3. **Skountridaki (2017)** This paper examines facets of the developing business relations between two important agents in the chain of healthcare: medical tourism facilitators and medical doctors practicing privately and internationalizing their services. Greece

is the empirical focus because of its emerging popularity as a destination for medical tourism.

4. **Sandberg(2017)** dwells into how medical tourism is growing at an exponential rate and how various countries are competing to attract foreigners to their country for medical tourism. There is a current competition to see which country will capitalize this growing global industry. There has been a growing concern for the creation of professional standards designed to protect the quality and safety of patient care and the types of business opportunities that are available in this new industry.
5. **Lundt, Horsfall and Hanfield (2015)** This Handbook explores the emergence of medical travel and patient mobility and the implications for patients. The growth of international travel for purposes of medical treatment has been accompanied by increased academic research and analysis.
6. **Hanfield, Smith, Horsfall and Lunt (2014)** maps current knowledge and discusses findings with reference to the UK National Health Service (NHS). This literature shows specific types of tourism depending on treatment. Patient motivation is complex and that research further needs to be done on the basis of cost, availability and distance.
7. **Cohen and Glen (2014)** examines the unique proposition of India in providing fertility treatment to couples or individuals who have been unable to conceive. Population shortage is a real problem in many of the developed nations, people ailing from such problems look towards India in getting treatment. Ayurveda and natural medicine seems to influence such form of medical tourism the most.

8. **Garg(2013)** has observed that the “no waiting time for surgeries” in India as compared with surgeries in well developed countries as one of the important reasons for increase in medical tourism as opposed to the one quarter of households reported too long waiting times at government facilities as the third most common reason for not using public healthcare services.
9. **Bose (2012)** The survey subtleties what is at present thought about the progression of medical tourists among nations and examines the role of intermediaries in the industry. It features the various associations and gatherings engaged with the business, including the scope of middle people and auxiliary administrations that have grown up to administer the business.
10. **Hall (2012)** talks about the experiences of the patients who got treated abroad and their opinion on the emerging sector of medical tourism.
11. **Connell (2011)** says that Medical Tourism has become one of the latest trends in the tourism industry which has been and has the potential to continue growing exponentially every year. More travelers than ever before are now travelling abroad to get high quality medical treatments for less cost.
12. **Carrera and Lunt (2010)** talks about the European union’s perspective of medical tourism and how many citizens of countries that are a part of the European Union flock to well to nations such as Britain, Germany etc.
13. **Priya Shetty(2010)** unravels the history of medical tourism in India and has tried to figure out how India has become a major player in this sector. The author is determined to find the detrimental effect of medical tourism on the local healthcare sector and has concluded by stating that medical tourism is definitely a boon but necessary checks are needed to be done so as to make sure that the needs of the locals are not gone unnoticed.
14. **Gostin (2010)** questions the developed country’s duty towards the low income or underdeveloped countries. The author aims to find out the reason why most of the people are not able to get proper health care as those of developed countries. He concludes that rampant corruption, lack of good governance, ineffective distribution of resources.
15. **Balaban and Marano (2010)** it reviews the status of medical tourism in an exploratory way and discusses its features and future growth potential for the capitalisation of the market.
16. **Hazarika(2009)** Aims to figure out whether the impact of medical tourism in India has been beneficial or negative to the Indian workforce and to the average Indian. The author states that the price of cardiac procedure costs 10 times the amount it takes in India and also how India has an edge as it also offers different systems of medicine. The author concludes that although the standard of healthcare has improved the average man cannot afford or acquire medical treatment as the private medical sector is completely focused on the foreign consumers.
17. **Dawn and Pal (2009)** talks about the concerns for medical tourism such as absence of government initiative, lack of a coordinated effort to promote the industry, no accreditation mechanism for hospitals and the lack of uniform pricing policies and standards across hospitals.
18. **Gupta(2008)** researches all the support given to those who seek monetary aid for medical tourism from the

government and insurance incentives provided by insurance companies. Medical tourism being promoted by the government and fuelled by corporate boom in hospitality sector in India, India is seen as the ideal destination for medical tourism for those who seek affordable treatment and are willing to travel to a foreign countries. The aim of the research was to find out if the entire sector of medical tourism is beneficial to all the parties involved and how.

19. **Carrera and bridges(2006)** discusses how globalisation has boosted and enforced medical tourism as a viable option for the patients from well to do nations and of economic status. It also talks about the future of healthcare being seamless and medical tourism would be a common occurrence.

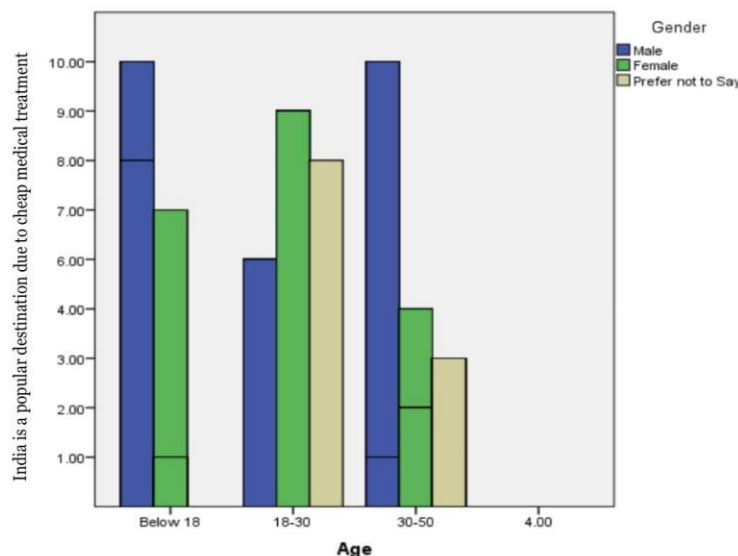
20. **Goodrich and Goodrich (1987)** explores the concept of health care tourism. Based on a pilot study that involved 206 travelers, 22 travel agents, 12 medical doctors and 2 herbalists. It analyzes 284 brochures about 24 countries.

METHODOLOGY

For the purpose of this study, descriptive research is used to accurately portray the public opinion on the importance and significance of medical tourism. Convenient sampling method is used to collect the samples. Independent variables are age and gender. The sample size is 200. Dependent variables are ‘India as a destination for cheap medical tourism’, ‘India a major hub due to legality of certain medical treatments’ and ‘factors deciding the growth of medical tourism’. SPSS was used in this research paper.

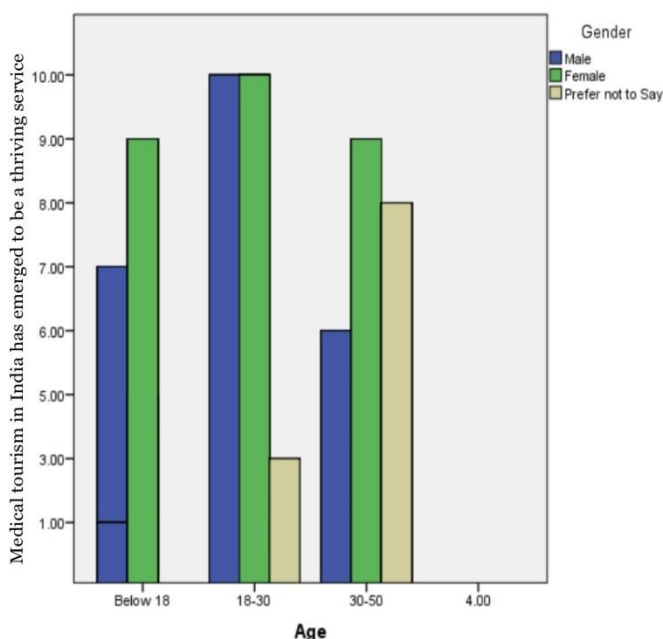
ANALYSIS

FIGURE 1:



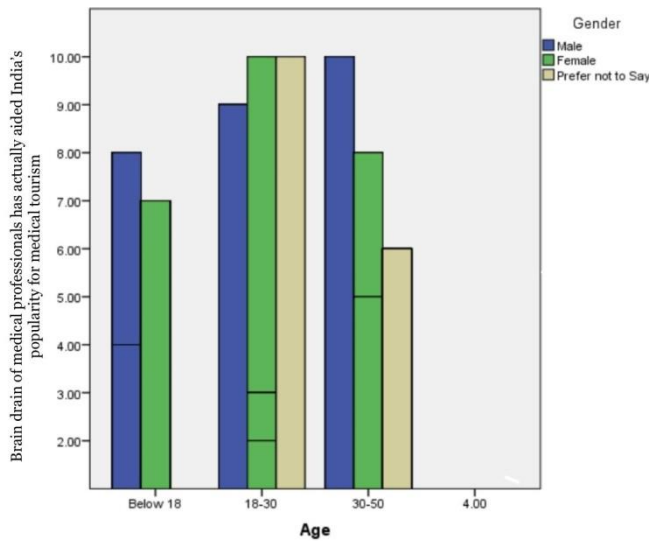
LEGEND 1: The bar graph represents the responses of the respondents belonging to their age and gender to the statement ‘India is a popular destination for medical tourism’.

FIGURE 2:



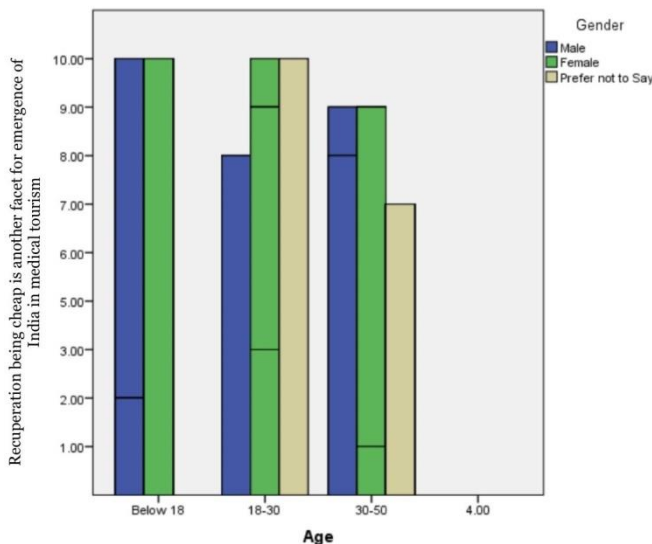
LEGEND 2: The bar graph represents the responses of the respondents belonging to their age and gender to the statement ‘medical tourism in India has emerged to be a thriving service’.

FIGURE 3:



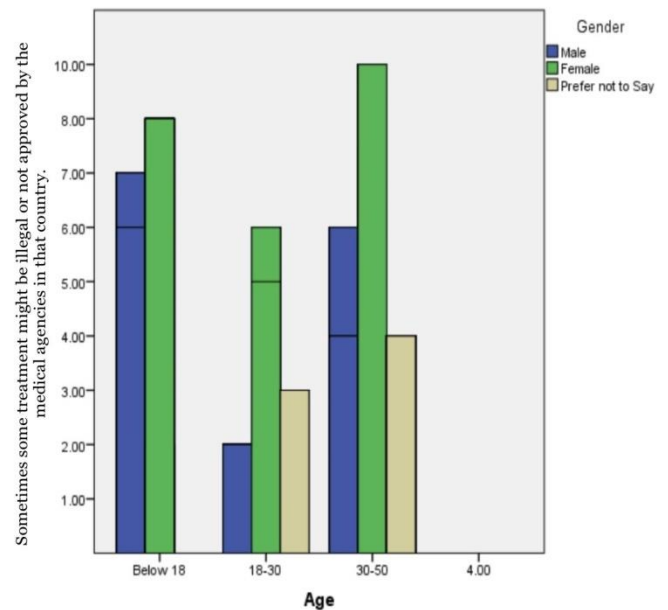
LEGEND 3: The bar graph represents the responses of the respondents belonging to their age and gender to the statement 'brain drain of medical professionals has actually aided India's popularity for medical tourism'.

FIGURE 4:



LEGEND 4: The bar graph represents the responses of the respondents belonging to their age and gender to the statement 'recuperation being cheap is another facet for emergence of India in medical tourism'.

FIGURE 5:



LEGEND 5: The bar graph represents the responses of the respondents belonging to their age and gender to the statement 'sometimes some treatment might be illegal or not approved by the medical agencies in that country'.

RESULTS:

Fig.1, male and female respondents of all age groups and gender have rated the statements relatively high with exception to the females below 18 and within the age group of 30-50 and male respondents between the age group of 18-30. **Fig.2,** male and female respondents of all age groups and gender have rated the statements relatively high with exception to the females below 18 and within the age group of 30-50 and male respondents between the age group of 18-30. **Fig.3,** male and female respondents of age groups between 18-30 and respondents of both genders below 18 have rated it mildly whereas male respondents between the age group of 30-50 have rated it highly. **Fig.4,** male and female respondents of all age groups have rated the statements relatively high with exception to the male respondents between the age groups of 18-30 and respondents with ambiguous gender in the age group of 30-50 rate it high as well but not

to the extent of other respondents. **Fig.5**, male and female respondents in the age group of 18-30 and respondents ambiguous with their gender rate the statement low between the age groups of 18-30 and 30-50. Whereas all other respondents rate it relatively high.

DISCUSSION:

Fig.1, most of the respondents rated the statement “India is a popular destination to cheap medical treatment” extremely high with a few exceptions to the females below 18 and within the age group of 30 to 50 meaning that the respondents and Indian population believes that India is a proper destination due to cheap medical treatment. **Fig.2**, with the majority of the respondents rating the statement “medical tourism in India has emerged to be a thriving service” as high with few respondents treating it relatively high and not low means that the medical tourism in India has emerged to be driving service and its development in the last few years has yet to reach its potential and more development can be expected. **Fig.3**, skilled labour of a particular country being immigrated to a foreign country is known to be brain drain and medical professionals in most of the developed countries have emigrated from India and the stereotype of Indians being good doctors has boosted India’s popularity as a medical tourism destination. **Fig.4**, The responses to the fourth statement shows that treatment in India and in the foreign countries take the same amount of time to recover from but standard of living in India is cheaper and affluent foreigners can afford a higher level of comfort and luxury to recuperate in. **Fig.5**, The response to the statement “sometimes some treatment will be illegal or not approved by the medical agencies in that country as a factor in the booming of medical tourism in India” most of the responses have been high but it is a significant portion of the respondents rating it as low shows that the acceptance of the statement is not unanimous.

LIMITATION:

Although the notion of India being a prominent hub for medical tourism and healthcare seems to be exciting, we are still underdeveloped in comparison to the nations from where the travellers come from. Medical tourism in India is not properly advertised and seems aimless. Medical tourism is moreover a relatively new concept and it must be dealt carefully and not be commercialised. Brain drain of surgeons and doctors seems to have hemorrhaged the development of medical and healthcare services in India. Although it generates new businesses it is not healthy for the local people as private healthcare institutions may start preferring foreign patients over Indian patients.

CONCLUSION

Through the research, we can concur that the majority of the populace agree that India is the preferred destination for medical tourism and that the major factor for India being a hub for medical tourism is related to gender and occupation is related to benefits of medical tourism. India playing the role of a major host for medical tourism is also detrimental to the local residents and beneficial to the well off residents of the country. The government needs to oversee and manage the private healthcare institutions from favoring the foreign patients and to give importance to the citizens too. India being the home of various indigenous types of healthcare techniques is a potential gold mine, it needs to recognise the different techniques such as Ayurveda and unani. Although the respondents agree that medical tourism is an emerging and a thriving service, they are anxious due to the lack of resources that would be left for their own healthcare needs since healthcare trends seem to be catering to affluent foreigners.

SUGGESTION:

The government needs to oversee and manage the private healthcare institutions from favouring the foreign patients and to give importance to the citizens too. India being the

home of various indigenous types of healthcare techniques is a potential gold mine, it needs to recognise the different techniques such as Ayurveda and unani. The government must promote medical tourism in accordance with the development of services provided for normal residents as well.

BIBLIOGRAPHY:

1. Balaban, V., and C. Marano. 2010. "Medical Tourism Research: A Systematic Review." *International Journal of Infectious Diseases*. <https://doi.org/10.1016/j.ijid.2010.02.1784>.
2. Bose, Jayshree. 2012. *Medical Tourism: Perspectives and Specific Country Experiences*. SBS Publishers.
3. Carrera, Percivil, and Neil Lunt. 2010. "A European Perspective on Medical Tourism: The Need for a Knowledge Base." *International Journal of Health Services: Planning, Administration, Evaluation* 40 (3): 469–84.
4. Carrera, Percivil M., and John Fp Bridges. 2006. "Globalization and Healthcare: Understanding Health and Medical Tourism." *Expert Review of Pharmacoeconomics & Outcomes Research* 6 (4): 447–54.
5. Cohen, I. Glenn, and I. Glenn Cohen. 2014. "Medical Tourism and the Creation of Life: A Study of Fertility Tourism." *Patients with Passports*. <https://doi.org/10.1093/acprof:oso/9780199975099.003.0009>.
6. Connell, John. 2011. *Medical Tourism*. CABl.
7. Dawn, Suman Kumar, and Swati Pal. 2009. "Relevance of Logistics in Supply Chain Management for Overall Customer Satisfaction: An Empirical Study." *Review of Professional Management- A Journal of New Delhi Institute of Management*. <https://doi.org/10.20968/rpm/2009/v7/i2/100901>.
8. Garg, Rajesh. 2013. "'All Is Not Well' with Medical Tourism." *Indian Journal of Community Medicine*. <https://doi.org/10.4103/0970-0218.106631>.
9. Goodrich, Jonathan N., and Grace E. Goodrich. 1987. "Health-Care Tourism – an Exploratory Study." *Tourism Management*. [https://doi.org/10.1016/0261-5177\(87\)90053-7](https://doi.org/10.1016/0261-5177(87)90053-7).
10. Gostin, Lawrence O. 2010. "What Duties Do Poor Countries Have for the Health of Their Own People?" *The Hastings Center Report* 40 (2): 9–10.
11. Gupta, Amit Sen. 2008. "Medical Tourism in India: Winners and Losers." *Indian Journal of Medical Ethics*. <https://doi.org/10.20529/ijme.2008.002>.
12. Hanefeld, Johanna, Richard Smith, Daniel Horsfall, and Neil Lunt. 2014. "What Do We Know about Medical Tourism? A Review of the Literature with Discussion of Its Implications for the UK National Health Service as an Example of a Public Health Care System." *Journal of Travel Medicine* 21 (6): 410–17.
13. Hazarika, Indrajit. 2010. "Medical Tourism: Its Potential Impact on the Health Workforce and Health Systems in India." *Health Policy and Planning* 25 (3): 248–51.
14. Indrani Borah, Dipak kr Goswami. n.d. "Health Tourism & Its Prospects in India through Ayurveda and Yoga." *International Ayurvedic Medical Journal*. http://www.iamj.in/current_issue/images/upload/2129_2132.pdf.
15. Kunwar, Ramesh Raj. 2019. "Medical Tourism and Hospitality in Hospital." *The Gaze: Journal of Tourism and Hospitality*. <https://doi.org/10.3126/gaze.v10i1.22778>.
16. Lunt, Neil, Daniel Horsfall, and Johanna Hanefeld. 2015. *Handbook on Medical*

Tourism and Patient Mobility. Edward Elgar Publishing.

17. Michael Hall, C. 2012. Medical Tourism: The Ethics, Regulation, and Marketing of Health Mobility. Routledge.
18. Sandberg, Debra S. 2017. "Medical Tourism: An Emerging Global Healthcare Industry." International Journal of Healthcare Management. <https://doi.org/10.1080/20479700.2017.1296213>.
19. Shetty, Priya. 2010. "Medical Tourism Booms in India, but at What Cost?" The Lancet 376 (9742): 671–72.
20. Skountridaki, Lila. 2017. "Barriers to Business Relations between Medical Tourism Facilitators and Medical Professionals." Tourism Management. <https://doi.org/10.1016/j.tourman.2016.07.008>.

