

Your topic: Reviewing Current Trends in Online Medical Tourism Marketing'

Your desired style of citation: HARVARD

Your educational level: Guaranteed 2:1 Standard

Number of page: 60

Words: 15000

Reviewing current trends in online medical tourism marketing

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[Institute Name]

Acknowledgements

I would take this chance to show gratitude for my colleagues, research coordinator, and family and peers, whose relentless and constant encouragement has been a source of continuous inspiration and guidance.

Declaration

I [type your full name here], declare that the following research and its entire data has been an individual, unaided attempt and have not been published or submitted earlier. Additionally, it shows my views and take on the issue and is does not describe the view of the University.

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Abstract

Aim

Aim of this research is to review current trends in online medical tourism marketing.

Background

Medical tourism is about people deliberately leaving their local nations to obtain non-emergency healthcare services overseas. Growth in the identification of this practise has defined in different concentrations being defined to it from media, policy-makers, and researchers. Different efforts were there to systematically assess aspects which inspire medical tourists travelling Thailand.

This research reviews current trends in online medical tourism marketing and defines the outcomes of a scoping assessment observing the factors which motivate medical tourists visiting Thailand.

Methods

Establishing on literatures, articles, and media sources extracted from databases, author pursue an extensively applied scoping review protocol to observe factors which motivate medical tourists visiting Thailand. The review structure has three major parts: (1) identifying the question and concerned literature; (2) focusing the literature; and (3) collating, charting, and reviewing the information.

Results

Different sources identified into the review explain a notion of online medical tourism, focusing on the patients flow from high earning nations to middle and lower earning countries. This mostly establishes any debate of the aspects which inspire medical visitors travelling Thailand. Five inter-related views that describe present debate of the influences of this practise were extracted from the observed literatures. These views establish online medical tourism as a: (1) user of public resources; (2) response to health system concerns; (3) earning producing trade; (4) standard of care; and (5) inequity source.

Conclusions

Explained its positive and negative effects on the medical care methods of departure and destination countries, medical tourism is an important phenomenon. Particularly, it is fact and it is explained its probability to work as a powerful tool for the inequitable presentation of health care services in the world. It is recommended that experiential evidence and other data regarding online medical tourism be subjected to clear and coherent details, containing data focused on the flows of medical visitors and success rates.

Reviewing current trends in Online Medical Tourism Marketing

Chapter One Introduction

1.1 Background

Currently, travelling around the world for healthcare purpose is becoming more and more widespread. Different motivations are there which support medical tourists to look health care cures outside their local nations like cheaper medical processes, more developed technological equipments and facilities, internationally qualified and certified nurses and doctors, and effectual healthcare services (Wilson, 2010). For people from highly developed countries, the major cause to have healthcare facilities in less developed countries is appealingly low charges. Currently, various medical tourist areas are there which present effectual medical treatments that cost simply a part of the total medical care costs in different established, first world countries like UK or America. For instance, according to a study at Time Magazine (2010), a liver transplant surgery that cost \$300,000 USD in America only charge about \$ 91,000 USD in Taiwan. One different research from Bloomberg Business week (2008) explained that a heart bypass operation that charges \$100,000 USD in America only cost \$18,500 USD in Singapore, \$11,000 USD in Thailand, and \$10,000 USD in India. Healthcare in particular countries like Thailand can charge as little as 10 percent of the cost of care in UK. These medical care treatments in various rising medical tourist areas are cheap; while medical visitors incline to determine to “offshore” their healthcare demands in spite of enjoy an additional benefit of a luxury visit. The merger of a first class medical treatment and a relaxing vacation while recuperating might be one of the important inspirations why various healthcare travellers decided to check a booming approach in the hospitality sector (Wilson, 2010).

Currently, people are embracing the view of medical tourism as possible options for healthcare cures done in various developed countries. A growing number of healthcare patients are in search for country, where hospitals give excellent medical care at a more reasonable price. Countries like Malaysia, India, and Thailand are some of the some recognised health care tourist areas that give cheap medical procedures. Health travellers who determine Thailand for healthcare tourism generally took advantage of arranging a vacation visit as they are visiting the country. After a medical procedure, patients are more than enjoy a relaxing visit in Thailand as observing different amazing sandy beaches. They take pleasure in trying local cuisines and please a deep attraction in recognising the richness of the Thai culture.

1.2 Aim

Aim of this research is to review current trends in online medical tourism marketing.

The research uses the example of Thailand as a case study of a medical tourism destination.

1.3 Research Objectives

- How does risk feature as part of medical tourism marketing materials?
- How do destinations differentiate themselves by drawing upon non-medical aspects of the destination?
- How do medical tourism providers in Thailand reassure visitors?
- What risks do medical tourism providers in Thailand mention?

- What risks do medical tourism providers in Thailand not mention?
- What kind of images are used to market medical tourism?

1.4 Research Problem

Online Medical tourism is about taking benefit of the several cost saving opportunities that exists ahead of the immediate neighbourhoods. The world of health care has altered drastically in the past few decades. This particular business has been rising rapidly since more and more people try to find quicker or cheaper options to the health care presented in their own countries. This research focuses on Thailand to explore issues in marketing medical tourism. Thailand has been chosen for the following reasons. Online medical tourism has been a rising section of Thailand's tourism and health care sectors. Thailand is famous for its popular tourist location in the heart of South East Asia which known as a reliable medical tourism destination. World Health Organization has ranked Thailand at 47th regarding health situation but its health care system has also been well recognized. As a result, large number of medical tourists travels to Thailand every year to gain outstanding health care services at extremely competitive prices. Thailand provides different types of major surgeries such like heart bypass, angioplasty, hip replacement, spinal fusion etc. The medical solutions as well include variety of cosmetic surgery option and also popular treatment choices for people requiring sex assignment surgery.

As to reflect the title of this research, the researcher will explore the factors that attract the foreign patients visiting Thailand by analyzing the current scenario and existing services available (Wilson, 2010). Features of online medical tourism in Thailand will also be made in

order to find the weaknesses and strengths as well as opportunities to improve the medical services and online medical tourism in Thailand.

1.6 Significance of the Study

The real term of global medical tourism is broadly growing. Thailand, as one of the essential countries in medical tourism trade that is rapidly rising, is establishing global standard as “The Medical Hub of Asia”. As per Bangkok Post (2010), Thailand over the initial decade has made a booming medical tourism trade, capitalizing on high-quality, well equipped private hospitals and skilled practitioners providing quality care at far less cost than in developed countries. So, the outcomes of this research will be useful to hospitals in Thailand wherein they can have a clear understating on what medical tourists observe the most and what they are looking for when they come to Thailand for medical check-ups and surgeries (Wilson, 2010). This paper will encourage identifying the considerable strengths and core abilities of the main hospital presenters of medical tourism in Thailand. Other non-important hospitals can also encourage from this research in which they can have information on particular aspects that they might need to establish upon to better support overseas medical travellers. Moreover, this research is helpful to the Tourism Authority of Thailand (TAT), in which inclusive data will be explained about the major determinants that motivate overseas patients observing for medical treatments to choose hospitals in Thailand as their important area for medical care. Medical tourism is widely a customer supported approach and to survive, the health delivery business must keep with demands and needs of its customers.

1.7 Introduction

Medical tourism – also identified as medical travel or health tourism– is a quickly rising business catering people who travel across national borders to acquire healthcare treatment (Green, 2008). This cure could be an optional method like cosmetic surgery, expert cures like major and minor surgeries, chemotherapy for cancer, or even routine medical checks. Generally, the number of healthcare tourists travelling Thailand is anticipated to develop by more than 20 percent yearly, making a business about 4 billion of pounds of by 2014 (Glinos, & Maarse, 2010). Thailand is expected to acquire for about half of that, the market of medical tourism still a considerable chance for Thailand. Thailand is already encouraging their medical tourism industries, even as the market persists to transform and develop. Getting an apparent image of the business's drivers, possibility, and hazards will be important to any attempts to consider opportunities to increase industrial growth in medical tourism (Hanna, 2009).

This research presents a comprehensive assessment of the most current trends in Medical Tourism and observes how this is related to the appearance of internet web sites (Erik, 2008). It establishes a summary of the performances of medical tourist sites, and defines online medical tourism informatics within the wider literatures relating to data search, marketing, information quality and decision-making.

1.8 Research Structure

Chapter one provides a discussion of the background of the study. The research aim, questions and the research objectives are then stated. After this, the structure of the research is presented.

Chapter two will discuss the meaning, type, concepts and strategies of online medical tourism. This chapter will also discuss the current trends in online medical tourism. Chapter three will discuss the background of medical tourism in Thailand. Chapter 4 will define the development of hypotheses of this research study. The hypotheses will be then presented. Moreover, the operational definitions, scaling, data collection methods and sampling for this study will also be discussed. Chapter five will discuss the result of methodology. Chapter six will discuss on the result of methodology. Chapter seven will discuss the conclusions and recommendations of this research study. The research contributions and research limitations of this study will also be discussed.

Chapter 2 Literature Review

2.1 Background and History of Medical Tourism

The history of medical tourism explained that even in the earlier era; people have been travelling around the world for medical purposes. Medical Tourism can be followed back to the initial Egyptians and Greeks who desire to hot baths and springs to recover their health. As initial as 4000 BC, the Sumerians formed the earliest identified health concerns that were made in hot springs (Seth, 2006). These medical facilities included majestic essential temples with flowing pools. It defined confirmed in history of medical tourism that Epidauria is the real area for medical tourism. Asia also has a record of medical tourism. India and Japan are two countries in Asia. Ayurvedic and Yoga treatment became famous in India as initial as 5000 years ago, whereas constant streams of medical tourists and spiritual students flocked to India to observe the benefits of these optional –curing methods. Prosperity of mineral springs identified in Japan as on seen have also been loyal health retreats for therapeutic descriptions for centuries. These springs are recognised for treating wounds.

Medical tourism is a term earlier established through travel agencies and the media to explain the exercise of fast movement by international structures for health. It explains as a criticism for medical providers travelling various nations to give healthcare facilities. The styles of services observed through visitors contain optional with complicated expert operations. Virtually every type of health care, comprising psychiatry, optional cures, convalescent care and even burial services are achievable (Milstein, and Smith, 2007). As an important concern, providers and customers normally use informal approaches, and in these concerns this leans to define less

regulatory management or approved to assure quality and less standard recourse to repair or reimbursement if needed (Milstein, and Smith, 2007).

About 50 countries have identified medical tourism as a national trade. Official recognition and other actions of quality vary widely in the world, and moral concerns and hazards are there that establish this method to achieve controversial healthcare. Additionally, it can become dangerous for medical visitors believe different areas. In the condition of global health, "medical tourism" is important as throughout these visits health care providers generally operate outside of their areas of core skill or maintained different (ie d., lower) levels of care than experts performing processes in mainstream health organizations. Greatest numbers than ever earlier of health careers trainees, student volunteers, and researchers from resource-rich countries are performing temporarily and hoping future profession in medium-starved areas (Milstein, and Smith, 2007). This focuses the value of considering this other description.

The standard procedure is as defines: the individual looking medical cure overseas comes into communication with a medical tourism presenter through assistance of his medical officer. The presenter normally needs the patient to give a medical situation, containing the style of problem, the view of the local healthcare official, medical history, and diagnosis, and can ask further data (Seth, 2006).

2.2 Concept of Medical Tourism

Medical tourism is the act of "leaving his residence for more than 24 hours and less than three months to reach another destination to undergo medical treatment (Garud, 2005). The concept of medical tourism can cover two major forms of medical treatment:

- The surgery, which is timely and postoperative recovery of relatively short duration (short stays of up to 21 days)
- The therapeutic intervention, which implies a long-term treatment for healing and restoration of health of a patient who has experienced a serious illness or accident, the treatments are generally much longer (> 21 days).



(Milstein, and Smith, 2007)

Medical tourism for surgery experience strong growth since the 1990s, growth is increasing the use of the internet, the packaging benefits of medical and wellness tourism products "all inclusive" and the professionalization of the sector with its specialized travel agents and brokers (Gray, & Poland, 2008).

The therapeutic medical tourism means longer stays and / or more frequent, such as in the postoperative management or treatment of a chronic disease (Cornell, 2006).

The tourism surgery called a place in a clinic that will cover the foreign patient while the therapeutic medical tourism can be practiced in a medical hotel or medical spa (Garud, 2005).

Medical tourism induces motivated by medical intervention which is the purpose of the trip stay. This excludes, in principle, multiple hospitalizations reported by hospitals located near vacation spots, frequented by tourists in season having encountered a glitch health (Gray, & Poland, 2008).

2.3 Global Trends in Medical Tourism

Medical tourism is a global phenomenon that is its causes in some fundamental facts. In the event of illness or accident this part of the population is in the obligation to seek the most accessible way to solve their medical problems (Wilson, 2010). The financial impact of medical tourism is such that, according to a study made during 2008 by Deloitte, says that the world market for the sector amounted to the sum of around 60 billion dollars, with expectations for growth estimated \$ 100 billion by 2010; Although other experts projected the same figure for 2012 (Cornell, 2006). This document has also predicted that the 35 countries offering major of these services serve more than 1 million medical tourists annually; including to the less than 500 thousand. Many Nations, particularly Asian, those of Middle Eastern and Latin Americans are investing in facilities, infrastructure and human resources to support the growth of this industry (Milstein, and Smith, 2007).

More than thirty countries in Asia, Africa and Eastern Europe serve 'tourists - patients' million annually (Hanna, 2009). Thailand, Singapore, Malaysia, India and the Philippines are the main destinations for the Asian market; the first mentioned the most popular among medical tourists from Western Europe for cosmetic surgery practices (Hall, 2009). Singapore and India are

specialized in procedures complex, with India advantages in costs and Singapore in its technology. India offers relatively cheap orthopaedic and cardiovascular procedures, to almost a tenth of the cost of similar surgeries in UK.

2.4 Medical tourism, a Secular Tradition

For many individuals, medical tourism seems be an obscure term, a dubious neologism without real significance (Milstein, and Smith, 2007). However, medical tourism is inseparable of the history of civilization with which it shares many in common. People understood early in the healing properties of sea bathing to relieve pain or health problems. But it is especially under the aegis of the Greeks and Romans developed this tradition of hydrotherapy, the use of sources water for medical purposes and the use of hot water as a miracle cure. For Smith and Kelly (2006), this type tourism in search of well-being (go to a place to benefit from the properties of water or qualities mud baths) is one of the oldest forms tourism that is given to identify. This quest for well-being and opportunities for treatment disease, sometimes considered "incurable" for the time has prompted some people to migrate to the Roman Empire to obtain such care. The epitome of hydrotherapy, and forms more "normal" as the use of water sources natural or spa, have been widely used to Middle Ages. The darkness is synonymous with that time, contributed to the decline of the use of the spa and the benefits of water (Hall, 2009).

2.5 Modern Version of Medical Tourism:

A different degree of risk involved in the perceived by the patient. Ignorance of this area is that the terms associated with tourism medical report to the health sector. In this sense, the field may seem tight, even frightening for many consumers (Seth, 2006). Moreover, the scientific community is currently little interest in this phenomenon, leaving instead referring reporter's sun destinations paradise land to rest ... after being treated. There is a real lack of investment in this field of research, particularly with regard to the scientific production remains very marginal time on the subject and does not address not really all the issues and underlying concepts for understanding fundamental questions about our society and the commodification of health. Obviously, Medical tourism broadly includes trade that growing fast like development of different countries today prefers a new line of marketing of these medical trips plan towards Asian countries (Rerkrupinimol, 2008). Some researchers defined that medical tourism covers a multitude of realities, due many practices induced by the health sector. People can distinguish the dominant tourism health or medical two main areas: medical tourism well-being or comfort and medical tourism vital. Although the boundary between these two terms is thin, it can be in the marketing and strategic approach to serve the distinction (Milstein, and Smith, 2007). For some, wellness tourism is defined according to curative or surgical care for to beautify the person rather than treating like plastic surgery, while vital medical tourism foremost likely to respond to serious diseases that patients may have. Similarly, it appears necessary to define the concept of tourist-patient, term rarely used, but it reflects a certain reality of situation people are facing. The tourist-patient neologism that people have created means a patient requiring surgery, more or less, and willing to go abroad for medical treatment. Moreover in medical tourism, the tourist-patient uses the complete tourist infrastructure made available: Travel, accommodation, or use an agency specialized, authorized travels only some countries (Rerkrupinimol, 2008).

2.6 Conditions of Medical Tourism

Many variables contribute to the creation of support conditions the implementation of medical tourism. People know that medical tourism coincides with the emergence of sustainable tourism for example. However, the variables contributing to development of medical tourism are different. Their presentation will allow developing a first model to better understand the factors influencing the consumer behaviour. Initially, the aging population in developed countries and the phenomenon of "baby boomer" is one of important drivers of the development of medical tourism (Wilson, 2010). By 2015, the health of a large number of baby boomers experiences a gradual decline. With more than 220 million baby boomers in the U.S., Canada, Europe, Australia and New Zealand tourism's potential medical importance, related Hutchison (2005) and Bennett et al. (2004). This population-based analysis projection suggests an abundant market in terms needs for medical care and convalescence. In parallel, there is also an interest of consumers to care cosmetic. In a second step, people must also consider the economic aspect, the other important variable explaining the growth of medical tourism. The attractive price of medical services as well as favourable exchange rates grows more consumers to opt for cares abroad. One of the main reasons for this choice is within the variable price, constituting an argument important when it comes time for the tourist-patient, make choices. Why pay for expensive medical services while patients can afford for a fraction of price only, the same type of care, with a plurality of related services, and often in a beautiful setting?

2.6.1 Demand Profile

The majority of medical tourists are between 45 and 65 years of age and come mainly from western countries where the price of health care has become too high, where waiting lists to receive an intervention are sometimes long. It is primarily an affluent clientele. Major emitting countries are, not surprisingly, the United States and the United States then followed by China and Canada (Boffin, 2006). In the UK, there were in 2006 more than 60,000 people waiting more than six months, treatment or surgery (2 years on average for an operation at the heart, between 5 and 8 years for plastic surgery). In the United States, health care is particularly expensive (5 times more expensive than in Europe and 10 times more expensive than in South East Asia). A very large part of the population cannot afford insurance, so may not have access to quality care.

Motivations vary depending on the treatment that is expected by the tourist patient. The decision to go abroad for treatment will be strongly influenced by a series of "key factors"

1. The concept of price is an important argument that is often put forward by the receptive hospitals including the Anglo-Saxon markets. The McKinsey study, however, suggests that this is not a major argument for such little mundane interventions (Mcmuarray, 2005).
2. Similarly, the waiting time is an important part of this decision (Hall, 2009).
3. Legislation prohibits certain practices or excludes them from national health care systems subsidised by the state, which makes these procedures prohibited legally or prohibitively expensive due to regulation (Erik, 2008).
4. Moreover, the quality of care expected and provided services, both medical and tourist level is key variables (Boffin, 2006).

5. Medical and tourism facilities should have a level of sophistication, comfort and high quality (Harahshesh, 2002).
6. The possibility of on-site and / or the country of origin to care also play (Jutamas, 2006).
7. The legal security of patient comes more. For, indeed, against that back in case of problems (Gollust, 2003)?
8. The official admission procedures must be the least restrictive possible, it is to offer a fully integrated as a "all inclusive" package for the patient and his family for support services at home until when it is finally returned home. The "tourist" product thus fits well the usual components of a tourism product type, that is to say, transport, accommodation, services, complementary activities, security, catering, etc (Healy, 2009).
9. The destination (country, region, city, site), should promote fun, discovery and relaxation. It must be possible to benefit from health care while enjoying an infrastructure and an offer in recreation, sports, welfare and culture (NaRanong, 2009).
10. Finally, one very important element is the total care of the patient with full-tourist "privacy" in a highly secure environment with all the guarantees in terms of accreditation and insurance (Segouin et al, 2005).
11. The "background" of the country's positive results, numbers of scientific research and discovery, the level of education in medicine and specialization studied in this country may also play an important role in the choice of country (Glinos, & Maarse, 2010).
12. Finally, more guides and websites, and even patient communities operate ratings of countries and experiences based or undermining a reputation (Arun, and Erin, 2008).

2.7 The Risks of Medical Tourism

Regardless of the popularity of medical tourism and how many people are for it, the set of the processes to run its own opportunities and risks (Boffin, 2006). A great danger is that, in the event of complications, patients may not be covered by insurance or are able to seek redress through proceedings for professional misconduct. The legal means that professional misconduct is problematic in other countries in the medical tourism. Patients that receive bad or dangerous medical treatment are usually no legal recourse. Pioneer of the modern technologies can also mean that some equipment and drugs not yet fully proven, offer all the positive effects. Perhaps the sample darker and more visible scars if they sunburn while healing.

Some people have been victims of medical errors and the lack of maintenance resulting from the lack of equipment, tools, and inexperienced and incompetent doctors programs (Milstein, and Smith, 2007). There are broader questions of ethics, which, with the industry itself, the influence of medical tourism for the citizens of the country, the people tributary of these procedures is grown throughout the throughput of. The limited capacity to bring legal proceedings in countries outside the UK is one of the reasons that the costs of proceedings abroad is able to be so low. Long flights cannot be recommended for people with heart or respiratory problems (Boffin, 2006).

2.8 Images Are Used To Market Medical Tourism

Among those positioned to capitalize on Thai's vision as a considerable "hub of the medical tourism are the some main hospitals, variously improving the first, latest, biggest, and best in design, technologies, affiliations and credentials. The hospitals funded in these developments, along with all approaches of computer supported diagnostics, robotics, and electronic healthcare records, with wealthy Thais and expats in mind. But to differing levels, they've been modifying with an eye toward medical tourists also.

In nation after nation, in clinic after clinic, people hear the similar term repeated as the logical for why individuals must visit for medical tourism. Modern technology, high quality, low cost is the recurring chant of those who look their luck in medical tourism. But it is a great over generalization of a complicated and multi-faceted marketplace. Places that fail to get this will fail to obtain their aims. Different places that are marketing medical tourism follow a medical tourism plan without considering the perception of "destination attractiveness". The approach can be used to nations, regions, the over-hyped "medical tourism groups", and to particular hospitals and clinics.

Attractiveness of destination is what decides patient intention in medical tourism. Deciding a place for cure is not about cost and quality. Deciding a place is influenced through a complicated set of aspects. Analysing and considering destination attractiveness supports a nation, clinic or hospital to:

Recognise the focus markets

Recognise aggressive benefit

Establish a winning and concentrated strategy

For medical tourism, Thailand is the world leader but which hospital within Thailand is best for all people? As many hospitals are there in Thailand that gives facilities to medical visitors, these are two full-service facilities (Bumrungrad Hospital and Bangkok Hospital) that have essential positions for quality and experience with foreign people. The inspiring medical visitors should consider these two prior any other Thai hospitals, even ones with comparatively less costly, as they are the gold standard for medical tourism not only in Thailand but in the world.



Bumrungrad Hospital (Mcmuarray, 2005 p 115)



Bangkok Hospital (Mcmuarray, 2005 p 225)

These hospitals are costly than most other hospitals in Thailand, but also give facilities that cannot be obtained elsewhere. For a direct contrast, their costs are similar across the board and the focus can be on their service and skills.



Patient room and waiting area of Bangkok Hospital (McMurray, 2005 p 67)

Monolithic vs. modular approach is the main difference between these hospitals. In Thailand's, having all healthcare centre in the same building would keen to be an advantage, though BMC would encounter that about all of their modules are connected through sky bridges, so their campus is mostly connected by air-conditioned walkways. One bonus of BMC's (and the Bangkok Hospital Group's) modular framework with especial hospitals is that one hospital happens to be placed in Phuket. The famed or infamous, Bangkok Hospital Phuket is identified as a world leader in sex-change operation, but is also a state-of-the-art hospital for more common goals and nothing beats Phuket's beaches for physical therapy and recuperation after a surgery in Bangkok, which the Phuket Hospital supervises and coordinates.



Bumrungrad Hospital (McMurray, 2005 p210)

Price is the major cause different patients initially cite for their view to visits overseas for medical cure, but the position is in fact even better than the bare numbers recommend. Figures that are generally thrown out vary from one quarter to one tenth the price of care, with dental work strongly occupying the one-tenth corner. These anticipations are supported by Thailand, which is generally the lowest priced alternative of enough quality for Europeans.



Cardiac Ward at the Bangkok International Hospital in Thailand: Bangkok Hospital

(SOUTAR, 2007 p 56)

2.9 Medical Tourism and its Negative Effects

The world of medicine is not immune to globalization and many emerging countries provide medical services to international and especially creditworthy customers. In the world of so-called medical tourism, Thailand occupies a prominent place. From the very serious British newspaper "The Guardian", medical tourism is a growing business that is expected to reach \$ 100 billion in 2012, a figure expected to double in five years. Nearly 2 million foreigners have been treated in hospitals in Thailand in 2012; a third of them came into the country mainly for this reason. The conditions for receiving foreign patients, it is true, first class private clinics which are more like palaces "5 stars" to hospitals. Icing on the cake, the recovery will take place in an exotic environment and under ideal conditions.

Beyond the home and the environment, the first reason why the Western practicing medical tourism is clearly financial (Mcmurray, 2005). Success requires this behaviour is strongly criticized in the Western and European medical community. They see a serious threat and a shortfall that is growing. But that is another reason they put forward. They claim that care is of lower quality and greater risk. Really? Certainly, it is necessary to be careful. However, the quality of care in some hospitals in Thailand is a very high level with a growing number of physicians and surgeons trained in the West. And in areas such as orthodontics or cosmetic and reconstructive surgery, Thailand has gained a worldwide reputation (Mcmurray, 2005).

2.9.1 Medical Tourism Risks Defined by Medical Tourism Presenters

Medical tourism brings some risks that locally-provided medical care does not. Different nations like India or Thailand have very particular infectious disease-related epidemiology to North America and Europe. Exposure to sicknesses without having established natural immunity can be a risk for weakened people, particularly with regard to gastrointestinal sicknesses. As in poor tropical countries like Thailand diseases run the gamut, doctors appear to be more open to the probability of believing any risky disease, whereas there are cases in the Europe where patients were constantly misdiagnosed for years as these diseases are considered to be “rare” in Europe (Gordon, & Matthews, 2001).

The first major risk is that medical tourists have some legal recourse if things go wrong. One more important risk to patient satisfaction is Thai culture. One research defined that 90% of the medical tourism Web sites fail to focus surgical risks and possible issues. Medical tourism supports people secure money; it doesn't remove the ever-present risks related with surgery. Whether a medical tourism provider defines those risks or not, people must understand they're there. And if the medical tourism provider doesn't define these risks, do not use them.

In spite of risks in Thai medical tourism, individuals are incapable to obtain the suitable health care they require just because they can't afford it. Being capable to pay doesn't essentially mean they can afford it either. In 2001, an expected 42.5 million Americans paid minimum 10% of their family net earnings to medical charges (Gordon, & Matthews, 2001). And most of these individuals in fact have insurance. Take the time to observe options, consult with famous medical tourism provider, and determine on a course of action that doesn't break the bank and doesn't damage health.

If someone is drawn to medical tourism in Thailand, keep all risk in mind: It's best to discuss to medical tourism provider first to observe if there are clear options. It can just be a concern of discussing a price and repayment strategy that works for everyone.

2.10 Marketing of Medical Tourism

Different growing nations like Thailand currently observe medical tourism as a commercial business and are trying to get medical tourists from all over the world. As a consequence, medical tourism in these nations as Thailand has demonstrated two-digit development yearly (Gollust, 2003). In India, Medical tourism is anticipated to be about USD\$1 billion by 2012 and income from overseas patients to Thailand grow from USD\$900 million in 2004 to USD\$1.25 billion in 2005. Defined the huge amounts of money concerned, competition among rising nations for medical tourists is anticipated to strengthen. In perception of the inspirations for medical tourism observed above, the two important influence points for medical tourism places in getting medical tourists are possible to be: (i) price; and (ii) quality of service (Gollust, 2003). Prospective places are so striving to modify their medical services and implement Western systems to cater to the demands of overseas patients. Few places are also trying to position themselves as experts in important therapies and technologies.

2.10.1 SWOT (Destination Perspective)

Strengths

Strength is a natural ability which a corporation can utilise to achieve strategic benefit. A model of strength is important development and research for development in a service industry so that the business can get a strategic benefit (Harahshesh, 2002). Thailand has different hospitals presenting world class treatments in about every medical sector like cardiothoracic surgery and cardiology, orthopaedic surgery, & General Surgery. For its importance of services and the infrastructure accessible, Thailand is getting a large number of tourists from the Middle East, and Africa etc (Gordon, & Matthews, 2001).

Advantage in price is in fact an important selling point. The differences in cost across the board are important: just a tenth and normally even a sixteenth of the cost in the west. Vast supply of expert doctors: Thailand has a large number of paramedics, doctors, and nurses with needed expertise and specialization and the advantage of language. The system of medical education caters to the ever rising requirement for the delivery of the excellent healthcare services all over the nation (Medical Tourism to Thailand, 2012).

Weakness

A weakness is a natural restriction or problem which makes strategic drawbacks. A model of a weakness is overdependence on a single service, which is possibly dangerous for a service business in times of problem (NaRanong, 2009). The weaknesses are as follows:

- No important assistance by government to encourage medical tourism.
- Low cooperation between the different players in the business – hospitals, airline operators, hotels

- Lack of uniform pricing strategies across hospitals.

- Cheating

- Political complications etc.

Opportunities

An opportunity is a supportive situation in the service business which allows it to strengthen and consolidate its position (Gordon, & Matthews, 2001). These are opportunities in medical tourism.

- Enhanced demand for medical services from nations with aging population (US, UK)

- Fast-paced life style enhances requirement for medical tourism and optional cures.

- Lack of supply in National Health Systems in nations like UK, Canada.

- Requirement from nations with inadequate facilities of healthcare.

- Requirement for retirement homes for elder people

- Traffic system is well planned and simple to go from one nation to another nation.

Threats

A threat is a critical situation in the business situation which makes a hazard for or causes harm to the business. They are:

- Strong competition from nations like India, Malaysia and Singapore.
- Shortage of international accreditation – a main inhibitor.
- Foreign health care not covered through insurance companies.
- Under – investment in infrastructure of health.
- Exorcism is more in Thailand, outsiders can attract.
- recognising a genuine practitioner is an important complication in Thailand.
- Exploitation of tourists through prohibited money changers.

There are also developed countries that have lagged behind in the adoption of technology that would provide quality care to an increasingly sophisticated population (Harahshesh, 2002). And with the retiring baby boomers and an overall aging population, Western and European economies will continue to strain the healthcare systems in their countries (Harahshesh, 2002). This is true globally and also applies to the population in Thailand as lifespan increases with improvement in basic healthcare (SOUTAR, 2007).

2.11 Tourism in the Era of Information Technology and Communication

Several researchers and practitioners agree that ICT has revolutionized the tourism and travel industry. ICT has enabled tourism professionals to incorporate new forms of labour inducing profound changes. These changes are especially noticeable in the way service companies communicate with their customers and partners, and the way in which they manage their distribution functions. In the early 70s, the development of information systems has allowed the

tourism industry to adopt innovative reservation systems such as CRS (Computer Reservation System) and GDS (Global Distribution System). Today, the advent of the Internet has consolidated this wave of change structurally modifying the habits of customers and redesigning the work environment and industry professionals.

2.11.1 ICT Applications in Tourism

ICT began to be included in tourism since the early adoption of the first computerized reservation systems. The 90s were marked by the advent of the Internet has brought about major changes in the structure of the sector. In fact, many researchers believe that the Internet is a major way for the development of tourism and related this to several factors. The first factor relates to the inherent characteristics of the tourism product: intangibility, perish ability and heterogeneity, lead to important census information prior to purchasing. The flexibility of the Internet will always adapt to customer demand. People believe that the Internet has huge potential to strengthen the relationship with the customer. Indeed, the Internet not only to develop more intimate relationships with customers but also to reach a wider audience. Similarly, Internet, across different functions and features of web sites, allows actors to provide individualized service and personalized offers. Indeed, the dynamics of these relationships is inherent interactivity of the Internet tool (Mcmuarray, 2005). Thirdly, it is clear that the Web is also an inexhaustible source of information accessible to everyone, everywhere and at very low cost. It thus minimizes the efforts of customers and to facilitate and shorten the transaction while ensuring the confidentiality and security.

Thus ICT has led to the adoption of new tools that facilitate the interaction of global players and is now talking about e-medical tourism.

2.11.2 New implications of e-medical tourism

New implications of e-medical tourism are reflected in the phenomenon of disintermediation, the emergence of new intermediaries called e-intermediate or intermediate internet and finally the establishment of partnership relations between some suppliers.

There is a distinction between the supply side and demand and various intermediaries. The nodes represent the main stakeholders while links represent the various relationships and the exchange of information between the different actors (McMuarray, 2005).

The supply side includes airlines, other forms of transportation such as trains and primary suppliers. It denominates primary service providers such as hotels and restaurants which are mostly SMEs. Tour operators are responsible for the production of new services by combining several basic products. Travel agents inform the end user and allow him to make reservations. The CRS / GDS optimize offers from airlines, tour operators and travel agents. The CRS was originally adopted by the airlines in order to organize and cost reduction. This system was quickly adopted by other actors in the supply as hotels and car rental agencies. The GDS is a computer networking system incorporating automated reservation systems of different organizations such as hotels. These systems allow customers to make reservations via the intermediation of travel agencies.

Since the late '80s, Malone et al (1987, 1989) reported the disappearance of intermediaries with the emergence of electronic commerce. Indeed the development of the Internet as a means of universal and interactive communication coupled with changes in consumer behaviour has changed the way in which tourism products are distributed. Internet provides the majority of medical tourism service provider's opportunities to target consumers while bypassing the traditional distribution system based on interim measures represented mainly by travel agencies. This corresponds to the phenomenon of disintermediation which involves the loss of one or more intermediaries in the distribution. As the medical tourist directly tied contact with some suppliers such as hospitals, hotels and airlines, it will no longer need the intermediation of travel agencies. Several suppliers have developed their own web sites for medical tourists to make direct bookings as British Airways, Air France, the hotel chain Marriott, Avis, etc (McMuarray, 2005).

2.11.3 Opposite Trend

This disintermediation is also accompanied by a tendency to re-intermediation. Indeed, although the Internet and represents a threat to the traditional intermediaries, people have witnessed the emergence of new intermediaries called cyber intermediaries or e-intermediaries. These e-intermediaries provide the link between users and service providers. People are witnessing the emergence of electronic booking servers acting as virtual travel agencies. These virtual agents act as intermediaries between the medical tourist and the reservation systems and distribution GDS and CRS. Some destinations have also developed their own distribution systems and web sites to promote the strengths of the destination (McMuarray, 2005).

This new competitive environment has encouraged the establishment of strategic alliances between different market players. Mcmuarray, (2005) became interested in relationships that can be established between different e-intermediaries. These relationships partnerships or alliances are considered as a source of competitive advantage. Researchers emphasized the importance of forming alliances between the various stakeholders in the medical tourism sector in order to maximize the potential of information systems. Indeed partnering with other organizations, medical tourism e-intermediate place more value on their products and services.

2.12 Role of Internet in Medical Tourism

The advent of new technologies has also forced somehow many sectors to "modernise" to try to be with their audience and get to connect with him (Lisa, 2009). One industry that has noticed much travel is currently given that most people do not go to physical places but often make their reservations directly through the Web. A report on the medical tourism industry presented by iPerceptions shows how the 27% of visitors to Web sites about medical tourism is through the search engines (Geddes, & Rodger, 2008). The online search is only surpassed by direct visits to the sites, which makes 28% of its visitors. The purpose of the visits to such WebPages is first to reserve although 20% say they are looking for information about the best plans and discounts on their own.

Medical tourism is not a new phenomenon. The trip motivated by the desire to improve the health status has long existed (Jutamas, 2006). However, what has changed in the 21st Century is that medical tourists go to more distant destinations, to poorer than their own country, and for requiring invasive medical technology. Medical tourism whether comfort care and cosmetic

treatments or serious diseases, is defined as "travelling abroad to get treatment." The latest report of Tourism Research and Marketing of Medical Tourism reported that the overall market includes 19 million visits in 2005 with a trade volume of about \$ 20 billion (McMuarray, 2005). It was expected the number of visits to 40 million by 2014 with a development of 4% in the global market volume. In the situation of medical tourism, the incorporation of the Internet has improved the appearance for opportunities of new business. Indeed, as has been explained above, the Internet has fostered the emergence of new and intermediate players. Thus, people believe that the growth of medical tourism is the result of the use of Internet tools and the emergence of new institutions or non-specialized agencies in the field of health, but playing the role of intermediaries between patients and the international network of clinics (including tour operators).

Agencies are there to communicate their offers on the web and offer to patients or medical tourists a variety of services through their web sites. Hospitals or International Medical Tour agencies are among the most popular trips (Jutamas, 2006). They not only play an intermediary role between patients and foreign doctors but they are responsible for selecting hospitals, plan operations, buy tickets, book hotel rooms and plan leisure activities during the convalescence. They also provide all the logistics and management of living. In the same vein, a recent exploratory study on tourism for cosmetic surgery in Thailand, has allowed to focus on the role of tour operators in the delivery of medical tourism services, logistics and management inherent in the business, ensuring the link between the various stakeholders (patient, medical providers and hotel) and assistance and support to the patient from first contact until his return to his country work.

The tour operator offers a series of steps for the care of patients from their first contact until after the surgery. So, after consulting the website of the tour operator, the patient completes and sends future, by email, a form of free and confidential quote and without commitment. The form must be sent attached photos of the body part to be treated. Once the photos sent, they are sent directly to the surgeon working with TO and he makes his diagnosis as to the nature of the desired response, so it is a kind of pre-consultation remotely. The diagnosis is established, an estimate is sent to the client indicating the price of the stay. Upon acceptance of the quote, the customer is required to complete and submit the medical record and the proposed dates for the stay histories to complete his file and to better organize the intervention according to the plan of the surgeon. Upon receipt of the record of medical history, diagnosis of the surgeon as to the feasibility of the intervention and these coordinates are sent to the customer who is then required to send a booking form stating the time and numbers of flights to and Return to the TO transmit his detailed schedule of his visit, his appointment with the surgeon and his appointment for the operation.

Upon arrival, the patient is greeted by a wizard. The day after his arrival, the patient has an appointment with the surgeon for a preoperative consultation in which the doctor checks the motivations and expectations of the customer and explains how the intervention (Jutamas, 2006). After surgery, the client is led to the hotel for convalescence. The customer is also entitled to two postoperative visits before his return (Geddes, & Rodger, 2008). Also during the recovery period the customer has the choice between several entertainment activities such as excursions, outings, shopping and leisure activities. On his return, the patient customer can enter at any time contact the surgeon or by mail or phone.

This new trend is another example of increased use of search engines to research on what to buy and what not. The reason that 14% of respondents say they have made a purchase yet is because they are still looking or comparing different services or offers (Boffin, 2006). Developing original content is a successful way to make users want to know more; offer better consumer information will help medical tourism market with their audience regardless of how they get to website (Geddes, & Rodger, 2008).

Medical tourism is part of globalization of health. Its development is largely driven by technology and especially the Internet (Josef, 2009). The study shows that three Internet functions particularly active: its informational function, social function and its relational function (NaRanong, 2009). Development of medical tourism will be better mastered by better information and risk reduction if European and Western countries acknowledge the inevitability of globalization in helping developing countries to invest in more advanced technologies-issues of e-health to make their business more effective.

Medical tourism has been further facilitated by the emergence of the Internet, (Connel, 2006). Thus the entire preliminary step of contraction of medical tourism services including diagnosis for the transaction to be done remotely via the Internet and we cannot actually be related to his doctor at the medical tourism trip. The Internet is revolutionizing not only the tourism industry but also health. And the tourism sector and similarly, many researchers believe that the use of ICT in the field of health has the potential to make profound changes in the sector in terms of infrastructure, costs and quality of service (Jutamas, 2006).

Internet has also revolutionized the way consumers seek information on health, and completely changed their process of decision making. Internet users seeking information on health are

usually either professionals or consumers seeking to have online diagnostics; patients seeking to supplement the information obtained from their physicians or consumers seeking a peer-to-peer for general information (Geddes, & Rodger, 2008).

The same is observed in the context of tourist sites allow users to exchange suggestions and views on different medical tourism products and destinations. In regard of medical tourism, customers' views are supposed as more realistic than other common sources of data (Rai, 2006). The quality and value of the medical tourism product is very difficult to assess before consumption, the mouth and the mouth including electronic Ear is becoming the most credible source of information and the most popular tourism and travel. The same trend is observed in the context of medical tourism, where we are witnessing the birth of several forums on which former medical tourists talk about their past experiences and try to advise future visitors seeking information. Virtual Community exchanges such information on many more listed locations, types of surgical operation on side effects etc. Some members even send pictures before / after their surgery (Geddes, & Rodger, 2008).

In terms of buying online, Lisa, (2009) estimates that the guarantee of a remote contact is a risk reducer. In terms of medical tourism, ICT and enable service providers to be in constant contact with prospective patients (including through exchanges of emails, webcams, instant messaging, phone, etc). This seems be very reassuring because all the preliminary step of contraction of medical tourism services as well as some aspects of postoperative follow-up are remote.

2.12.1 Perceived by the Customer in the Context of Online Medical Tourism Value

It may seem obvious that medical tourism is a beneficial activity for developed on the one hand and the other emerging countries. And developed countries can solve the problem of long waiting lists and patients can also benefit from cheaper rates. For emerging medical tourism is a lucrative business, and they are now likely to embark on this niche. The increase in the number of countries receiving medical tourists that competition is becoming increasingly fierce. In this competitive environment, many countries are looking for new ways to promote their skills and infrastructure to attract medical tourists, increase their numbers and especially to satisfy better. From a marketing point of view, it seemed so interesting to understand the experiences of medical tourists through the concept of the value perceived by the customer (Rai, 2006).

The concept of perceived value is a determinant of customer satisfaction, its purchase intentions and commitment in a relationship (Lisa, 2009). It allows predicting customer behaviour and plays an important role in the consumer's choice to adopt this or that supply.

Initial thoughts on the perceived value are based on economic theory and the concept of utility. Despite the relevance of this approach, many researchers believe that it remains quite simplistic and does not allow capturing all the attributes of an explanatory purchase (Rai, 2006).

In a marketing context, it was recognized that the value is not limited to matters related only to price and quality but covers other aspects of order functional, cognitive and affective. The functional dimension relates to the assessment of the quality and performance of a product while the affective dimension captures aspects of emotional and social order. In this same vein, it is interesting to note that the multidimensional approach is particularly relevant in the context of services (Geddes, & Rodger, 2008). In effect, in terms of their intangibility, heterogeneity,

perishability and their complexity, other aspects of order hedonic, experiential play an important role in understanding the behaviour and consumer choice in a service context.

2.12.2 Economic Factor

Factors as economic and technological kind underlie the globalization of trade in health and development of medical tourism (Lisa, 2009). The explanatory factor in the economic growth of the medical tourism is closely linked to price differential of medical services between developed and emerging countries. It is this quality / good price which explain the massive mobility patient-tourists. This economic factor is more decisive interventions escape the net of social security. Thus, the problems relating to social security is growing in the USA (Lisa, 2009). According to the U.S. Census Bureau, more than 46 million Americans were underinsured in 2005 (Forgione & Smith, 2007). This segment of the population is doubly penalized because it is too rich to qualify for support and not rich enough to afford adequate health insurance (Nys, 2010). This is what therefore explains that in 2006, no fewer than 500,000 U.S. patients are made to heal in outside their borders (Crowford 2006). According to Connell (2006), the biggest obstacle facing the medical tourism business is the challenge of convincing foreign patients from developed countries that care medical in relatively less developed countries are similar in terms of results, safety and quality to those they can find at home. In view of the figures on the Medical Tourism and estimated trends, it appears that this challenge is going to be gained since going beyond the mere willingness of people to move to the care and is at the heart of the globalization of health. The medical tourism is in context of globalization makes democratization health (Turner, 2007) by promoting access to international supply of health. Access to the international supply gives somehow to the patient to choose the best value for money. In the future, this to be further

strengthened to the extent that globalization promotes health competition and puts pressure on healthcare providers in the proposed service at more reasonable prices (Turner, 2007). This phenomenon fits into the definition of globalization or globalization defined as "the movement of goods and services in response to an efficiency "criterion (Segouin et al, 2005). According to Schroth and Khawaja (2007) globalization of health is also a sign that the quality of care has become comparable in several regions. A CSA-Europe survey Assistance (2010) reported that 63% of Europeans would be willing to move away from home to receive specialized care performed by a surgeon specialist located in a remote town. The same survey estimated that 33% the percentage Europeans who are willing to travel abroad to have access to technical medical identical quality but cheaper. Finally, 73% of Europeans trust to physicians graduated from a non-European country. The globalization of health and Medical tourism is also stimulated by the practices of some insurance group's mutual requiring patients to seek treatment abroad to save money (Rerkrupinimol, 2008).

2.12.3 Technological Factor

The economic factor is added a second factor which contributes technology greatly to the abolition of border health (NaRanong, 2009). The information technology and in particular Internet communication are the key players in the development of Medical tourism. Internet has become the essential medium service providers to promote and market their service offerings medical tourism. Internet is also present for the patient-tourist as the media their main gathering information and making contact with service, including the medical provider. Internet and allows the transmission of information and photographic data, all of which facilitate remote

consultation, as the preoperative diagnosis and postoperative follow-up in the framework of the provision medical tourism (Rai, 2006). This core technology component in the evolution of mode 1 trade International Health Services (such as tele-radiology and telemedicine) contributes as the development of international trade mode 2 health services namely medical tourism (MACREADY, 2007).

To better understand the evolution of medical tourism, it is particularly relevant to study the role of the Internet (Kalyan, 2008). This tool takes into effect several features that have contributed significantly to the development medical tourism and therefore the globalization of health.

2.12.4 Informational Function

The informational function is undeniably the most obvious feature of the Internet. This is particularly important in the case of medical tourism. Indeed, this provision falls within the category of services belief (Horowitz, 2007). Services are belief very difficult to assess because of the lack of information services has the consumers about them. Information that is usually very difficult and expensive to collect (Rai, 2006). Medical and financial services are a typical example of this kind of service creed. Medical tourism is part of the registry services belief and Internet and allows patients-tourists to access more simply, more quickly and cost an enormous amount of information from the four around the world. The patient, however, must know how to select tourist information most relevant and credible.

2.12.5 Social Function

In terms of a service in relation to health, such as medical tourism is high attribute belief, the Internet social function is very useful to allow patient-tourists evaluate credence attributes of the offer medical tourism. In fact, relevant information in this field is generally not very abundant and its collection expensive. The social function of the Internet overcomes these difficulties by enabling patient-tourists to access the experiences of other patients-tourists spaces online discussion dedicated to medical tourism (Grossbart, & Sarwer, 2003). This practice illustrates the "vicarious learning" approach, that is to say, access to the experience of other consumers in the absence of real and personal experience. Do patients and tourists arrive to project and to identify with the experience of other patient-tourists? Experiences from which they are able to better assess the characteristics belief offer medical tourism. Patients-tourists, failing to assess the attributes of a service of belief such as medical tourism create their own assessment items through the experiences of others (Rai, 2006).

2.12.6 Relational Function

The relational function is crucial allowing not only to ensure the contact between service providers of medical tourism and patients-tourists but also to ensure particular tasks activity (John, 2010). Logistical tasks are performed through the web: for example, Room reservations clinical and hotel is done online. Internet also allows perform tasks of a medical nature as the preoperative diagnosis and monitoring postoperative are remote. The preoperative diagnosis, including the feasibility of the operation as well as its nature is to remote reference to checkups as well as pictures of the body part to be treated as the patient tourist sends medical tourism provider. And the patient-tourist is able to converse in real time with his surgeon in relation to

different conditions operation. Contact by e-mail and is seen as an effective way for patient-tourists to get quick answers to all their questions and queries without having to wait forever before people can get an appointment. The diagnosis Pre-operative be confirmed, however, and reviewed during the meeting with the patient tourist surgeon just after his arrival in Thailand. The postoperative follow-up is usually done in two stages. The first part is insured Thailand with the physical presence of medical staff because the patient tourist passes least one week of recovery in Thailand (John, 2010). The second stage of the postoperative follow- as the preoperative diagnosis is also provided remotely. The surgeon may and advise on the development of the operation and healing by reference to Photo sent by the patient to the surgeon tourist. He can prescribe certain drugs in case of small complications and give patients-tourists, sometimes anxious, the advice on how to behave. The combination of these three features easy access to a range of international care also complex and as strong issues. Offer, including the evaluation before, during and after contraction of medical tourism service becomes easier through these functions. Both economic and technological factors are the two drivers of the business (Lisa, 2009). The first economic factor is the most explicit and the second factor of equal importance although still quite implicit in much of the target in question. Despite the importance of these two factors in the dynamics of the activity, the development of medical tourism activity really lead to a world-wide health if the authorities in different countries including countries actually take aware of the extent of the phenomenon, and agree on the need to delegate certain medical activities to ensure access to care for everyone and everything in a frame sufficient guarantees (Healy, 2009).

2.13 Medical Tourism and the Web

An important driver in the phenomenon of medical tourism is the technological platform given by the internet for clients to obtain healthcare knowledge and advertising from anywhere in the world. Similarly, the internet gives providers important latest places for marketing to reach into non-domestic markets (Arun, and Erin, 2008). Commercialisation is at the centre of the development in medical tourism and in some aspects this is because of the accessibility of web-based resources to give customers with advertisements, information, and market destinations, and to attach customers with group of healthcare brokers and providers. Study (2010) recommends the following types of websites:

Portals (concentrated on provider and treatment knowledge)

Media sites

Consumer-driven sites

Business-related sites

Expert support

Medical tourism sites please different requirements. The level of these sites is to introduce and motivate services to the customers (Glinos, & Maarse, 2010). The major services of the sites can be divided into five major functions: as a gateway to surgical and medical knowledge, connectivity to health services, the review and/or marketing of services, opportunity and commerciality for communication (Kotler, and Armstrong, 2008). Online medical tourism also supports decisions regarding the purchase of cures.

2.14 Medical Cluster

Medical tourism is a cluster emerged recently, which is situated at the intersection located among the tourist Consortium and the medical associations (Kulkarni, 2009). The group of medical tourism among both clusters can be seen in the main activities of this industry, that they coincide with their own sectors such as transport operations International, tourism stakeholders, health care providers and hotels. The policy of a minimum rating of coverage expansion it was newly started in 2001. This system gives the population access to hospitals public at a minimal cost.

In parallel, during the last years it was developed with the support of the Government network of private hospitals to cater to high-income sectors, including foreigners. This policy was justified by the concept of medical tourism (Medical Tourism to Thailand, 2012). The Government introduced changes in the structure of the Ministry of public health to include agencies that to ensure the quality of medicines, equipment and medical instruments both of domestic production and imported (Gollust, 2003). Likewise, strengthened controls on the rights of Intellectual property to facilitate the installation of foreign pharmaceutical industry. The development of a medical to attend foreign system is directly related to with the concept of increase in tourism. The underpinning of this sector is based on the lower costs of medical personnel and the low wages of assistants, tax facilities and import and legal flexibilities to promote installation. Hospitals aimed at high-income segments also allowed retaining or attracting the country medical staff with education abroad giving the possibility of higher wages than in public hospitals (Seth, 2006). This, in turn, required the simplification of procedures to revalidate the degrees obtained in universities foreign. Thailand has established the Institute of quality improvement and accreditation of hospitals aimed to ensure the quality of the medical service.

Some hospitals have opted to get the certification of Joint Commission International (JCI) of the United States. For its part, the Ministry of health published in Thai five-year plan for further the development of the health system, on which reference was already made. The Ministry aims to generate income by \$ 10 billion (NaRanong, 2009).

Press information says that the Government will promote increased hospitals and spas of international quality (Harahshesh, 2002). Also includes the incorporation of other destinations located in the country. Government's programme includes the training of medical personnel and technical assistance to guarantee the quality of service, security buildings, equipment maintenance and advertising (Grossbart, & Sarwer, 2003). The Government will also grant certificates to maintain the trust of users and try to keep the operating costs of health services to induce to the tourists to use medical centres in Thailand. It should be noted that the Asian country has constantly launched successful marketing campaigns maintaining competitiveness in prices, the tourist success as essential variables. It has garnered over the course of the years. To promote the industry, the actors of the sector organized the specialist Thai trade fair in tourism "Discovery Thailand & Discovery World", its latest held during the 2009 has managed to collect about 400,000 visitors and generate a turnover of 400 million baht (US \$12.28 million), a figure well above forecasts carried out by the organizers; showing these results a great recovery in the tourism industry.

Currently, the Tourism Authority of Thailand (TAT) has designed a marketing strategic multi-sectoral covering several cities as part of its efforts to attract a million of tourists from the India for 2012. Although Thailand attracts more than one million tourists from the TAT, Malaysia, Japan and China hoped to see to the India included in this list in less than four years (Medical Tourism to Thailand, 2012). Therefore, the entity has based its strategy on the fact that there is a

virtual unlimited potential in all the categories of travel from the India, such as for pleasure, business, honeymoon, medical tourism or other special interests. Among the features which the TAT people want to use as a competitive advantage in the India, it is possible to cite the value of money and the affordability to the tourist services, the large shopping malls, accessibility to the target and the proximity to the same, the variety, the facilities of Visa and the fact that Thailand for the Indian market is a destination holiday within easy reach throughout the year (NaRanong, 2009).

2.15 Motivations of Medical Tourists Prospective

Medical tourists include a wide variety of individuals who travel to acquire medical cure overseas (Seth, 2006). Despite from individuals from developed markets, medical tourists can also contain the so-called 'élite' from growing nations and overseas immigrants living in neighbouring nations (Ramirez de Arellano, 2007). Prospective medical tourists contain: (i) the uninsured (individuals who select not to insure their health, normally as they cannot afford the policies of insurance); (ii) the underinsured (those whose insurance policies do not cover the costs that are actually acquired when they get medical cure); and (iii) the uninsurable (those who do not fulfil the method to acquire insurance plans or whose favoured medical cure is prohibited or unrecognised in their nations). Particularly, Americans are defined to be susceptible to excessive and unexpected dental and medical costs (Medical Tourism to Thailand, 2012).

From a strictly economic point of view, the medical tourism (MT) has a commercial transaction between a consumer (demand) and a provider services (offer), involving an award and a quality Optional post-operative service. The motives of an individual to leave to seek treatment

elsewhere go depending on their subjectivity and put advice and information to its provision (Jutamas, 2006). It is undeniable that the economic motivation plays a role important: the decision to go abroad is made when the cost proposed by the offer of care abroad, more of the travel and stay, is less than the single cost of care in the country of origin, net of any repayments health insurance (PERCIVIL, & BRIDGES, 2006). This decision is even more appropriate if the required treatment is not available, is not supported or is it is covered only in part by insurance. Patients decide to go where the quality/price ratio is more favourable than in them. The lure of associate 'tourism' and 'personal care' may be another. Indeed, it allows the patient to "better swallow the pill" of the treatment proposed other than on-site (SOUTAR, 2007). The change of scenery (relocation) (and perhaps countries, changing climate and culture) and recreation related to tourism, or even a convalescence in a hotel of luxury, would allow it to more easily overcome his sufferings before and after the application of care, by offsetting it with this. Although people can think that the Sun, sea and sand are not recommended after an operation, what counts is the envy of patient to associate "the (unpleasant) useful to the pleasant" and then nothing prevents it, the time had come to make tourism before the intervention planned, especially if he plans to be accompanied by a close relative (Harahshesh, 2002). With regard to the aesthetic operations, some patients feel important to "hide" this intervention as a tourist trip, because they consider it as within the scope of their privacy; they can keep the 'secret' (Medical Tourism to Thailand, 2012).

2.16 Selection of Studies

This section is to define the inclusion and exclusion criteria applied to explain the related literatures. This phase is to review all recognised literatures to keep only those that fulfill particular approach of relevance. So, it is at this phase that literatures whose main consequence is particular and not interchangeable with the one the researcher decides for the meta-analysis was

refused. In fact, this procedure must be performed through more than one assessor who assesses every chosen abstracts. The approach for the meta- analysis must apparently explain how the assessment will be observed.

3.16.1 Inclusion Criteria

The essential approach of inclusion of literatures is full scale that observes and defines the elements of medical tourism marketing in Thailand.

3.16.2 Exclusion Criteria

Though this Meta assessment has observed the elements of medical tourism marketing in Thailand were broadly argued in the literature review section of this research.

Inclusion criteria	Exclusion criteria
The studies which are in English and Thai Language	Research studies in languages other than English and Thai
Research studies that monitor and discuss the elements of medical tourism marketing in Thailand	Research studies which did not discuss elements of medical tourism marketing in Thailand
Published Research studies only	Research studies, which were not published
Studies conducted and published within the period of 2005 to 2010	Studies conducted and published prior to 2005
Available free of cost	Not available free of cost

2.16.3 Data Extraction

The method used for adoption for this research focuses:

- General data (Author, title, publication year, journal title);

- Population i.e. respondents included in the research;
- Intervention applied,
- Result, i.e. general review of the research

2.16.4 Data Analysis

After the systematic gathering and information assessment, it should be assessed. The assessment is to merge outcomes from various literatures to acquire an outcome. Aims to a meta-assessment are:

- To enhance the research strength;
- To enhance the correctness;
- Responding to a question that individual literatures fail to fulfil

2.17 Selecting the Literature

Titles of sources and abstracts were identified by the search strategy and were openly assessed by team members in groups to determine studies for inclusion in the scoping review. After completion of the open review, team members were met and see compromise about whether a particular source was read properly. Consistent with the scoping assessment process, post hoc inclusion approach was made at this position. There are three reasons for exclusion,: (1) no focus on medical participation, like sources that were controlled with health tourism broadly (e.g., international visit to curing spas); (2) an exclusive intention on 'reproductive tourism' or 'transplant tourism', as the medical participation (if any) in these concerns is not restricted to the overseas patient and so develops considerable considerations; and/or (3) a common awareness on

international business in health facilities or cross-border care, where no essential reference was there to medical tourism. At this position, sources not in English and Thai were also expelled.

2.18 Charting, Collating, and Summarizing the Data

A spreadsheet constantly hosted online was prepared to define the data extracted from observed sources. Information regarding study design and sample (if related), publication data, and data regarding the scoping question was recorded in the spreadsheet. A sequence of meetings was done to define the extracted data and obtain a general view on the issues emerging from the research. After this the assistance author has seen the extracted data and determines the common views that best explain what was gleaned from the observed sources.

The approach in this research was a systematic review in which the researcher drawn together the results of several primary research studies to provide an overview of the findings of the individuals trials, highlighting possible answers, as well as reviewing gaps in the knowledge.

The data that were reviewed by the researcher are going to be from different sources like journals, websites and marketing materials, therefore a record of date were needed in the extraction. The type of study must be identified whether they are qualitative or quantitative study. The papers must contain the country and target population that the researcher did the research on, therefore, any papers that are not relevant to those countries were excluded. Results of each source were recorded and analyze by the researcher. Limitations and comments from each source let the researcher know which sources are appropriate in the inclusion criteria and which are not to be included.

Author Date	Type or Method of Study	Country or Target Population	Type of Intervention or Research Findings/Result	Limit Actions and Comments
http://www.thailandmedtourism.com/Home/28	Descriptive	Thailand	State of the art technology	Thailand Medical Hall of Fame
http://www.globalhealthtravel.com	Descriptive	Thailand	Quality medical treatment overseas	Committed to enhancing the health of individuals; providing superior services to customers; delivering outstanding value; and exceeding the expectations of everyone we deal with.
Jutamas, Rerkrujipimol, (2006)	Qualitative	Thailand	Medical Tourism in Thailand and Its Marketing Strategies	The paper identifies the strengths of Thailand's healthcare service providers and points at a number of problems that may reduce the growth opportunity of this industry.
Lisa, BEICHL, (2009)	Qualitative	Jordan	Marketing and Promotion of Medical Tourism	Medical tourism niche markets – target market

				segments and procedures
Arun, Sood and Erin, Cox, (2008)	Qualitative	USA	Causes Of High Health Care Costs	Potential Solutions
Tirasatayapitak, A., Suthin, K., and Assenov, I. (2007).	Quantitative	Thailand	Medical Tourism in Thailand	Meeting Better the Needs of Japanese Tourists and Patients
SOUTAR, G. N. (2007)	Qualitative	Thailand	Tourists' intention to visit a country	impact of cultural distance
Rai, S. (2006),	Qualitative	India	Quality medical treatment overseas	Medical tourism niche markets – target market segments and procedures
NaRanong A, (2009),	Quantitative	Thailand	Guideline for Thailand's medical hub	Potential Solutions
Josef, Woodman, (2009),	Quantitative	Thailand	Patients beyond Borders	Thailand Medical Hall of Fame

2.19 Conclusion

This chapter explains a conceptual structure of online medical tourism and policy implications

for medical systems on the case of Thailand, with a broad review of the educational studies, with

insights from medical consultancies in the public and private sectors across the nation. This chapter also identified some concerns connected to the development of medical tourism in Thailand which can reduce the organizational growth. The researcher hopes that these issues will be given instant focus and concentrated responsibly and appropriately through the medical centres, government, and the other concerned stakeholders in coming future. Methodology will be explained in next section. This conclusion concentrates the requirement for data and identifies variables for extra review of online medical tourism's potential impact on health systems.

Chapter 3 Background to Medical Tourism in Thailand

Thailand is one of the leading growing medical tourist places in the world. The Tourism Authority of Thailand (TAT) revealed that the medical tourism business is a monetary viable trade for the nation. So in 2004, the TAT started a plan to establish Thailand as a medical tourism centre (Tirasatayapitak, and Assenov, 2007). According to TAT, six important factors are there that support international medical visitors to trip Thailand for medical cure aims and these are: (1) internationally accredited hospitals, (2) highly qualified and expert nurses and doctors, (3) Reasonably priced medical cure cost, (4) high quality and fast level of services, (5) state-of-the-art medical technology, and (6) fine hospitality facilities. Thailand as a medical tourism place became well known to global health patients looking for organ replacement operation, dental care, cosmetic surgery, cardiac surgery and orthopedic surgery. The majority of Thailand's medical visitors come from Middle East countries. International hospitals of Thailand have a position for having modern, high-tech equipment, effectual quality medical care, and fine hospitality facilities. TAT expects a considerable development of 10 million in the year 2015 in the total number of international medical visitors coming to Thailand. Tourism is an important feature of Thailand's financial system. The top competing nations for health care visitors presented the rise of medical tourism business in Thailand. With the appearance of the global medical tourism business, this section focuses to observe the background of Thailand medical tourism.

Thailand health industry has had rapid growth in recent years spearheading the country's GDP, representing about 6.5% of the same (Arun, and Erin, 2008). Medical costs here they are lower than that in other countries of the region, such as Singapore, because the Thai government is the main investor in the health system (75.8%) with minimal donor assistance. Thailand health costs

tend to be five times lower than in the UK. Thailand is the only country that is facing stiff competition from both ends, low costs of the India and Malaysia treatments and cutting-edge medical services. Within Thailand, the more prepared for medical tourism destinations are Bangkok –thanks to business tourism and nightlife opportunities attracts one-third of the general tourism of the country (Gill, 2008).



The Tourism Authority of Thailand (TAT) estimated that international visitors reached the 15.7 million during 2008. It is also the regular tourism generated to Thailand about 15,300 USD million revenue during 2007 (SOUTAR, 2007). For its part, the domestic tourism contributed some 82 million trips in 2007 and 83 million in 2008.

It is presumed that in 2008, 1,800,000 people were treated in hospitals (Hanna, 2009). This figure includes large number of tourists who could require medical treatment during stay in the country. The providers of these services were companies that have full hospitals that they cover the entire treatment process. According to the Ministry of health, the income of the sector during the aforementioned period was USD 5,000 million due to a decrease of the number of tourists.

Although the sector has had significant growth in recent years, it is also true that you have created a political problem to widen the gap with the treatment received by the general population and incentives received by staff who serves in the public hospitals.

The main reasons which have contributed to justify this contraction are the economic crisis and political turmoil (Monica, 2006). The expected number of tourist arrivals reduced from 14.1 million to 11 million. In addition, the outbreak of influenza could further increase this fall. Similarly, the Thai Government will invest 450 million dollars in initiatives to recover the tourism of the damage to the industry caused by the occupation of the airport Bangkok by the demonstrators. Much of that money will go to the financing of several campaigns for the promotion of the image of Thailand in those markets that should be the bulk of the tourists who visit the Asian country. According to the data provided by the authority of tourism Thailand, the closure of two airports has been, of time, losses of about 3 billion dollars for the country.

Despite those disadvantages referred, for the third consecutive year, Thailand has become in the best "mark" in terms of value for money, according to sample the 'Country Brand Index '(The CBI is a preeminent global study of country brands) for 2008. The results have been obtained from a survey carried out by a prestigious global consultant who, along with a public relations firm, has surveyed at more than 2,700 international companies and travellers from nine countries. Most agreed that Thailand is an excellent destination for its "genuine culture", its beaches spectacular, and its outstanding nightlife as well as for being one of the Nation's most affordable in the world.

Thailand, has climbed positions in the ranking that evaluates countries in the field of Tourism competitiveness, stood in the place number 39 of a total of 139 countries surveyed, According to

collect the "report on competitiveness of travel and tourism" published by the World Economic Forum (MCMUARRAY, 2005). The report finds that the Asian Kingdom is endowed with rich natural resources and presents a strong affinity for travel and tourism, at the time its population maintained an attitude very friendly towards tourists. These circumstances have been, also favoured by the Fort momentum that the Executive Branch has been injected into the sector (Tirasatayapitak, Suthin, and Assenov, 2007). Despite the recessive effects affecting the tourist industry, the medical tourism sector projected rapid growth that will occur in the coming years, for which the major Thai private hospitals are being adapted. Thus, for example, the Bumrungrad Hospital, Bangkok Dusit Medical Services (BDMS) and Private Hospital, the major hospitals in the capital, are increasing their capacity and increasing their medical and health services to prepare for the expected increase in foreigners than they will travel to Thailand in search of more affordable treatment. Other hospitals have already increased its number of beds and have improved their facilities to comply with the precepts of the Joint International Commission, group that evaluates the International Health rules (Mcmuarray, 2005).

Medical care in the city of Bangkok for use abroad is really good (Mcmuarray, 2005). There are several private clinics, and cited among the most important and truly comparable to five star hotels, the Samitivej Hospital and Bumrungrad Hospital. The latter is the private hospital in South-East Asia, with more than 554 beds and more than 30 centres of specialties. The English language is therefore accessible in this environment health which facilitates the relationship doctor-patient. This ease of communication is one of the causes of demand for medical tourism in Thailand (Rerkrupinimol, 2008).

Thailand is the main destination for those residents in developed countries who seek an offer more convenient medical (Tirasatayapitak, and Assenov, 2007). The cost of these services could

be five times less than the medical treatments in America, for example (McMurray, 2005). Over the years, China has gained weight as "medical tourism" destination. Gradually, its capital, Bangkok, has seen how there has been a significant increase the number of people who have flocked to its medical centres, clinics and hospitals in search a fast, good and cheap service. Medical tourists have particular needs, travel for a specific reason, and spend more than double that of the average tourists. They are the target of the so-called "Tourism of the" 'health'. Thus, industry sources say that Thailand has become a leading target of the "medical tourism", replacing Singapore. Eastern segment of the tourism sector, also called "scalpel tourism" is regarded as one of the largest businesses potential within Asia (Tirasatayapitak, and Assenov, 2007).

Chapter 4 Methodology

4.1 Introduction

Data collected in systematic manner, it should be analysed through proper analytical tools & it was interpreted in order to find out the answer for research objectives. This is being identified as research methodology. Methodology is the philosophical procedure on which the research that was performed and assessed which can assist to achieve the study goals. The theories of study methods; data collection methods and study tools will be defined.

4.2 Rationale

Rational of this methodology is to review current trends in online medical tourism marketing.

4.3 Research Approach

Research approach explains the method for data collection. This study uses qualitative method in the form of an interview.

4.4 Survey Research Method

Various survey methods are there that could have been determined, because of time restrictions and the requirement to access particular age groups, a mall-intercept survey will be determined the fine method.

4.5 Sample Design

Semi-structured interviews were used in this paper to assess the current marketing styles of Thailand's medical tourism service providers. Interviews performed with medical service presenters (clinics, public hospitals, and private hospitals), medical travel agents and related parties, at various famous tourism areas of Thailand: Phuket, Bangkok, and Pattaya.

4.6 Data Collection

Respondents were selected through purposive sampling, assisted by information from secondary data and the researchers' exercise in the area, with review of healthcare providers' websites. Inclusion approach for the interview list comprised: membership in Thailand Private Hospital Association, high number of foreign patients who obtained medical treatments, active online promotion, and non-medical care services provided to the patients. The interview concerns comprised questions regarding current and future target markets and marketing plans, channel distribution, positioning, important rivals, hazards to medical tourism in Thailand, business collaboration, contribution of stakeholders, medical trip packaging, and other concerned issues.

Additionally, review of stakeholders' websites and online promotion of service providers of rivals (Singapore, Malaysia, and India) was applied to focus the study aims.

4.7 Data Analysis Methods

After the data was collected, it will assess to define the theories of multivariate review. The data assessment method will begin with the profiling of respondents that contains response rate, demographics, and missing information.

4.8 Ethical Considerations

This research protects all the respondents related as it does not support direct or indirect harm to the respondents or researcher. The participation is voluntary and permission will be required. All the information will be anonymous, which protects the privacy of respondents. Respondents will come from various backgrounds and have the strength to decide their activities.

4.9 Summary

In this research, contribution is secret, at the respondents' views and respondents can withdraw at any stage. After the data will be collected, it will be established and cleaned, followed by a data analysis. The next part will explain the results of the methodology.

Chapter 5 Results

5.1 Results

Outcomes from the interviews with the healthcare service providers and review of stakeholders' websites regarding present marketing styles used by Thailand's healthcare service presenters are explained supported on the 7 Ps of marketing mix: Product, Price, Place, Promotion, People, Process, and Physical Evidence.

5.2 Product

Thai Healthcare centres give different elective and medical treatments like Orthopaedic, Cardiology, Cosmetic and Plastic surgery, Dental care, Eye treatment, and etc. to get the global patients. Expert medical team with international board qualifications are considered as an essential asset of the hospitals and used as an important method to motivate healthcare services. The patients of Bumrungrad Hospital and Bangkok Hospital Medical Centre can determine their required doctors through their websites by name, gender, photo, medical qualification, their field, language spoken, and even the job time. Moreover, the cutting-edge method and equipment available by every service provider was also used as one of the major products in this trade. Quality of treatment in less-developed and developing countries is the major concern raised through the medical travellers from established nations. Different participants explained that Thailand is still considered as rising country among Europeans, especially those who have never been in the Thailand before, so the convenience of high quality medical care services is not just recognised - unlike Singapore, with its constructive view of high living standards country.

5.3 Price:

Thai medical centres have an important advantage among their rivals due to its high standard of healthcare and services given to the individuals at a very logical price. Singapore gives medical treatment at a higher cost than Thailand because of its placing as a high-end complicated quality acute care. India shows less expensive than Thailand but still has the unenthusiastic view of poor hygiene and sanitation. Difficult medical procedures in India are being Done Just at one tenth of the cost in developed countries but in regard of infrastructure facilities like roads, sanitation, power backups, accommodations, and public utility services much more are needed for the country to become a healthcare place

5.4 Place:

Internet is the essential source for circulating data regarding medical and non-medical care services given by medical presenters (both hospitals and clinics). It is the most productive and low-priced method to reach the product to its concentrated market directly, and in the same approach encouraging individuals get important and logical information helping them to make a decision. Productive online marketing of every service provider makes information of the medical cures available and stresses potential patients.

5.5 Promotion:

Various healthcare officials participate in visit marts, travel fairs, trade fair, exhibitions, seminars, conferences, and market in travel magazines in connection with the motivating from the government. With the support from the Ministry of Public Health, Tourism Authority of Thailand (TAT), Ministry of Foreign Affairs, and Department of Export Promotion (DEP) controlled these activities for motivating healthcare facilities to overseas markets. Additionally, other essential aspects like brochures, booklets, video-cds, paper bags and t-shirt with logos were also used to make awareness of the reachable medical facilities also. In addition, various healthcare service providers formed cooperation with the local institutes, universities, medical schools in other countries to establish support in education, exchange of data and training to motivate their maximum healthcare facilities.

5.6 People:

One more approach that healthcare service providers apply to get the foreign patients for their treatments in Thailand is to concentrate its well-expert medical officials, over with degrees from identified foreign institutes. It was identified by the medical service providers that having specialized and qualified doctors assured an advantage for the hospitals. This has been reviewed for example on the websites of Bangkok hospital and Bumrungrad hospital, where the abilities of doctors and hospitality of nurses and the healthcare workers were widely marketed to get and acquire the potential patients.

5.7 Process:

People who observe healthcare treatment overseas are mostly connected with the quality of cures and have to make sure the hospital they decide is approved and satisfactorily improved by a recognised international institution that audits quality of healthcare. So, acquiring the international recognition with Joint Commission International (JCI) which recognises that the position of the hospital fulfils or crosses the healthcare services standard in the UK was used as one of the marketing strategies by providers of medical service. Currently, in Thailand Bumrungrad Hospital, Samitivej Hospital, and Bangkok Hospital Medical Centre obtained this JCI authorization, compared to 11 hospitals in Singapore and 8 hospitals in India.

5.8 Physical Evidence:

As the healthcare system has formed currently in Thailand, it has been observed that the major healthcare presenters have formed essentially in both infrastructures and facilities. Various hospitals have an important situation in their buildings with luxury and large rooms and fine amenities equal as that of a five star hotel for patients and relatives, and also come equipped with cutting-edge method. This is an advantage of Thailand to get the faith and make the trust of global patients, establishing a perception to determine Thailand as their ideal option.

Chapter 6 Discussion

In Thailand, medical tourism business is still growing in spite of the high competition. Both online and offline marketing styles were applied to make experience of the convenience of high quality medical care and non-medical care services, comfort people about the standards and quality of healthcare treatments, and give maximum healthcare services for selection by potential concerned customers. This outcome had recommended marketing approaches for extra marketing medical tourism in Thailand. These include making and marketing the view of Thailand as “High value medical tourism place”, making and motivating modern amalgamation of medical tourism services, marketing as health and wellness place, exporting medical trade to other countries, keeping the high value of quality treatments at a reasonable price, presenting helpful offline and online data and make them reachable to the potential consumers, concentrate on patients’ testimonials (word of mouth), acquiring the standard to encourage the cures quality with focusing on the requirements of the current target markets and also the potential target markets. This outcome also defined few issues regarding the development and growing of medical tourism in Thailand which can reduce the growth of this business. The researcher anticipates that these issues will be provided concentration and concentrated responsibly and appropriately by the government, medical facilities presenters and the other related stakeholders in future.

6.1 Risk Feature as Part of Medical Tourism Marketing Materials

Medical tourists visiting overseas are at risk of diseases and can demonstrate a public health risk on their return. Medical tourism brings some risks that locally-supported health does not. Few

countries, like Thailand have very particular transferable disease-related epidemiology to Europe and North America. Experience to illness without having defined natural immunity can be a hazard for weakened individuals, especially with esteem to gastrointestinal sickness which could worsen growth, mosquito-transmitted illnesses, tuberculosis and influenza. As in deprived tropical nation's sicknesses run the gamut, doctors emerge to be clear to the possibility of any risky illness, like TB, HIV, and typhoid, while cases are there in the West where people were continually misdiagnosed for years as these illnesses are considered to be "rare" in the West. The post-operative care quality can also vary harshly, depending on the hospital and nation, and can be particular from European or American standards. Additionally, visiting long distances soon after surgery can increase the risk of issues. To decrease these hazards, patients of medical tourism generally combine their medical visits with vacation time set aside for rest and recovery in the destination country.

6.2 Features of medical and non-medical aspects of the destination

Development of medical tourism business in Thailand performs different possible advantages to focus some current health system issues about infrastructure growth and retention of health human facilities. It is important ability to spur both foreign and local support into health care framework and use of this structure cannot be restricted to medical tourists.

Defined status of Thailand for graceful and attentive service, it is simple to assess why Thailand has quickly become the centre of medical tourism. Suvarnabhumi Airport is facilitated through airlines from the world, reasonable -priced hotel rooms abound, trustworthy public transportation

is there and one month visas for different countries easy to get upon arrival, all of which encourage making a stay -- in a hotel or hospital -- easy. The Tourism Authority of Thailand (TAT), which began motivating medical tourism in 2004, has an inclusive medical tourism website that explains some of the most recognised accessible cures.

6.3 Online Medical Tourism as a Income Generating Business

Medical tourism is a beneficial source of earning for destination countries. Its annually growth has generally been anticipated above 25% for Thailand. Expectations for currency inflows and patient and their probability for growth are broadly varied.

6.4 Online Medical Tourism as a Standard of Care

Various standards of care have linked the development of medical tourism in various countries. It can be the most essential implementation of international supports that are described on Western standards. Value amongst these is hospital accreditation by the Joint Commission International (JCI), an offshoot of the important body responsible for accrediting hospitals in Thailand. The implementation and growth of JCI has been explained with encouraging medical tourism to develop by confirming a standard of care in contrast to that observed in hospitals in endorsed hospitals.

6.5 Online Medical Tourism as a Source of Inequity

Normally, Medical tourism has been accused of worsening medical care - and lastly health – variations in destination countries. One of these issues is that it exacerbates 'brain drain' within destination countries. As medical tourism facilities are mostly urban, this process also hastens the internal migration of medical officials from rural areas into cities, so enhancing rural deficiency. If the medical tourism achieved even a part of the flows of clients envisioned by early feedbacks, this could assist to people being priced out of their health care method, as needed from global patients can increase the costs of providing care for individuals.

Chapter 7 Implications, Limitations, Conclusions and Recommendations

7.1 Implications of the Effects of Online Medical Tourism

The observed sources explain that medical tourism has, and will persist to have, important affects on the medical care systems of Thailand. For health managers in local nations of people, the lack of guidance and assessing the medical tourism exercise can result in unaccounted for 'leakage' of people outside of their nations. This could result in a condition where medical system is considered to be unfeeling to the requirements of returning medical visitors due to inadequate resources being encouraged for follow-up care.

7.2 Limitations

Despite of essential activities like using different reviews on all sources and searching the direction of a librarian in preparing the study plan, two considerable limitations are there in research. First, only English-language sources were considered for inclusion. Explained the global approach of medical tourism, it is dubious that all concerned literatures are accessible in English. Second, observed sources of websites were restricted to those from Thailand and just few European magazines and newspapers were there with relatively large audiences.

7.3 Conclusion

The result of this research defines that what is currently identified regarding the affects of medical tourism. Medical tourism is a word introduced of a constantly globalizing monetary system, and is a term of private, for-profit medical care. The potential differences this style of care can make in both departure and destination countries can damage the part of publicly-encouraged care where it is established and inhibit its growth where it is not. Conversely, the probability for medical tourism to work in a jointly equitable and supportive method exists. This requires oversight and regulation that confirms essential compensation to the individuals of countries that provide their healthcare services to foreign people. What is recognized of healthcare tourism's influences is most productively observed by notions identified and defined earlier. These notions have particular value for three global spheres of performance standard to both departure and destination places, namely those of their: medical care methods, health and social strategies and relation in the medical tourism business itself.

Medical tourism has developed significantly in recent years. Increasing health care charges, enhanced accessibility of high quality health care at considerably lower prices in growing countries, and developed communications technology, particularly the Internet, have participated to the growth of the business.

This research examines the phenomenon of online medical tourism, its trends and the issues and challenges it raises. An overview of the concept of online medical tourism highlights the complexity of the phenomenon, the plurality of interests, the lack of empirical data and the difficulty in obtaining comparable data. This research illustrates the role of different actors involved and describes online medical tourism-friendly aspects. These are, on the one hand,

propelled by globalization and the result of a personal decision, of course encouraged by the socio-economic conditions faced by patients.

The effects of medical tourism, including risks to patients, the impact on systems of dispensing health care and country of origin of the patients were also taken into account. The economic benefit for the country care providers is by far the most attractive aspect for the States. On the other hand, this commodification of health care presents challenges, such as the urgent need to avoid increasing inequalities in access to health, local and international, and refocused the debate on the health as well public.

Finally, against this growing trend, several countries, particularly on the Asian side, openly supported the medical tourism, using various measures. More coordination at the international level seems necessary in order to ensure proper management of the medical tourism at the local and global levels. Results of the benchmarking procedure have defined the value of focusing particular inter-dependent fields for the growth of online medical tourism in Thailand. These fields have efficiently been approached through other growing places as parts of their service value chain for the medical tourism industry. The implementation of aggressive advantage method which uses the maximum use of power for reducing the harmful effects of the points of weaknesses has supported these growing countries to have a productive image in the international medical tourism business supported with a well managed industry.

The result also focuses the value of recognising Thai points of strength, understanding its points of weaknesses and then making a medical tourism plan with apparent aggressive support pillars. The medical tourism strategy of Thailand must be capable to support Thailand reach this competitive status.

Medical tourism organizations should be maintained to high levels of practice if they are to be allowed to support cross-border travel for health facilities. Online medical tourism organizations must not be allowed to perform in a regulatory vacuum. Despite, these businesses should make sure to identify permission, confidentiality and privacy of medical records and patient information, logical advertising exercises and patient care. More standards must consider related legislation, case law, policies and traditional values in considerable jurisdictions.

The procedure of medical tourism can also participate to the commodification of health care and a view of the patient as customer. Lastly, the cumulative impacts of medical tourism position it as a basis of inequity. Within destination nations, it can participate to an internal brain drain of expert medical staffs from rural to urban regions and from the public to the private sector.

Medical tourists can encounter a considerable drain on their monetary resources and, through relating in travel overseas for medical facilities, they can participate to a loss of impetus for change of their home health care approaches.

Medical tourism is growing both in outbound when inbound. Movements of medical tourists are estimated by whom at 38 million per year. It is there for the time being wealthy patients. It seems clear that there is a very important market to the European level for medical tourism and wellness tourism because the supply is abundant and quality. In this respect some sub-regions are true potential of attraction such as for example the Thailand. The cost differential and potential change of scenery are not as important as Asia or Latin America while Europe begins to structure its services on the medical tourism market.

The analysis of Thailand shows that no country currently has really a dominant position on this market. Other countries offer as an offer that focuses more on wellness tourism and cosmetic

surgery because rare are those who can position themselves on the segment of care and interventions of high level for the treatment of cancer, cardiovascular disease and treatment of infertility and assisted conception.

There is also a strongly linked to the hotel market depending on the type of care that they will benefit; the tourists will visit hospital, the hotel or the medi-spa. There is a huge potential in place partnerships among hotel chains, sponsors in second homes, airlines, health, and life insurance companies the banks.

It is important to note that the development of medical tourism in general and university hospitals will not be if there is a real integration of the tourism / hospitality dimension to the service proposed by the hospital. The hospital will not only offer its basic service without reducing the availability and quality but it will also diversify its offering and its partnerships in order to offer to the tourist-patient: a first-rate hotel offer quality, infrastructure of welfare of very high level and specific recreational activities. Thai hospitals must somehow become a tourist destination, for a very specific clientele having decided to use his vacation to heal or get back into shape.

Growth of online medical tourism faces different issues like giving state-of-the-art health care quality at low charges, accessibility of health assurance, and of accreditation. Most considerably, it will require establishing well-described plans and strategies that make sure effectual coordination between the private and public sectors. In the last, research on online medical tourism is still in its infancy. It is essential to gather reliable, comprehensive, and internationally comparable information as well as to perform analytical literatures on the growth of the business and on its influence on the economy.

7.4 Recommendations

The growth of online medical tourism in Thailand is clearly beneficial to the economy of the country. However measures need to be taken to ensure that the health system for the population of Thailand does not suffer. Better career opportunities for medical personnel within Thailand's domestic health organisations should be available. Further studies should look closely at the growth of online medical tourism in Asia as a whole, particularly Thailand.

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Appendix: Interview Questions

Who: Various stakeholders (physicians, professors, government employees, policy-makers, tourism agents, and facilitators)

How: In person or over the phone for 30 minutes

Introduction questions:

1. Please tell me about the organization you work for.

2. What is your responsibility?

Can you tell me more about medical tourism?

3. Please tell me about any projects you have worked on for growing the industry of medical tourism?

4. What were the inspirations for taking on these projects?

a) Which was the greatest motivation?

5. Were there any obstacles or challenges on your project?

a) Can you tell me more about this?

Thailand specific questions:

6. What is your overall impression of the medical tourism business within Thailand?

7. What are the foundations that support Thailand to host patients from outside the nation?

8. Why medical tourism is believed as an essential business in Thailand?

9. What are the important concerns within the medical tourism business in Thailand?

Stakeholder Questions:

10. Did you work with any organizations or other partners?

a) If so, can you define regarding their responsibilities?

1. Government?

2. Universities?

3. Tourist operators?

4. Medical professionals?

5. Community groups?

6. Anyone else?

11. Is there any present collaborative strategy between any of the organizations?

12. How can educational organizations inspire medical tourism business in Thailand?

Impact Questions:

13. Does medical tourism impact the public health services for Thai people?

14. What sort of infrastructure is needed for medical tourism projects?

15. Does medical tourism influence the environment?

a) In which ways?

16. How do you consider medical tourism be controlled to secure the environmental attractions and increase the life quality for local society?

Closing thoughts:

17. Do you consider that Thailand has a strategy to enhance its status in the global market as one of the best medical tourism destinations?

18. What do you consider the future of the medical tourism business within Thailand?

19. Is there anything you would please to add? Anything else I must consider?

20. Do you have any last questions for me?

Thank you