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MEDICAL TOURISM OF INDIA: HIGH QUALITY & AFFORDABLE INTERNATIONAL PRICE

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ABSTRACT

Health tourism in India has occurred as the fastest growing section of tourism industry with a major impetus of economic liberalization. Aspects that have led to the increasing attractiveness of medical tourism comprises the high rate of health care, long wait periods for certain procedure, the comfort and affordability of international travel, and enhancement in both skill and standard of care in many third world countries like India, Mexico, Malaysia, Singapore etc. As per the market research report of 'Pharma Leaders' (Asia's Most Analytic News Media in Healthcare Communication) India's share in the worldwide health tourism industry will hike to around 26% CAGR by the end of 2013. Also, the medical tourism is estimated to create income of US\$ 3 Billion by 2013. India signifies the most potential health tourism market in the world. Features such as low charges, offers a good holiday, there are no waiting queues to stand in, language does not pose a problem as most people speak English, and also scale and range of treatments provided by India discriminate it from other medical tourism endpoints. Also, the progress in India's medical tourism industry will be an advantage for various other associated businesses, including infirmary business, medical kit business and medicinal business. There are more than 3,371 hospitals and around 8, 00,000 registered practitioners outfitting to the needs of ancient Indian fitness care. Many Indian hotels are also showing their interest in fitness care facilities market by binding up with certified companies in a range of fitness fields and proposing Ayurvedic massages and spas. The study also delivers a deep understanding into the Indian medical tourism market and assesses the past, present and upcoming picture of the health tourism market. It discusses the major factors which are building India a striking health tourism end.

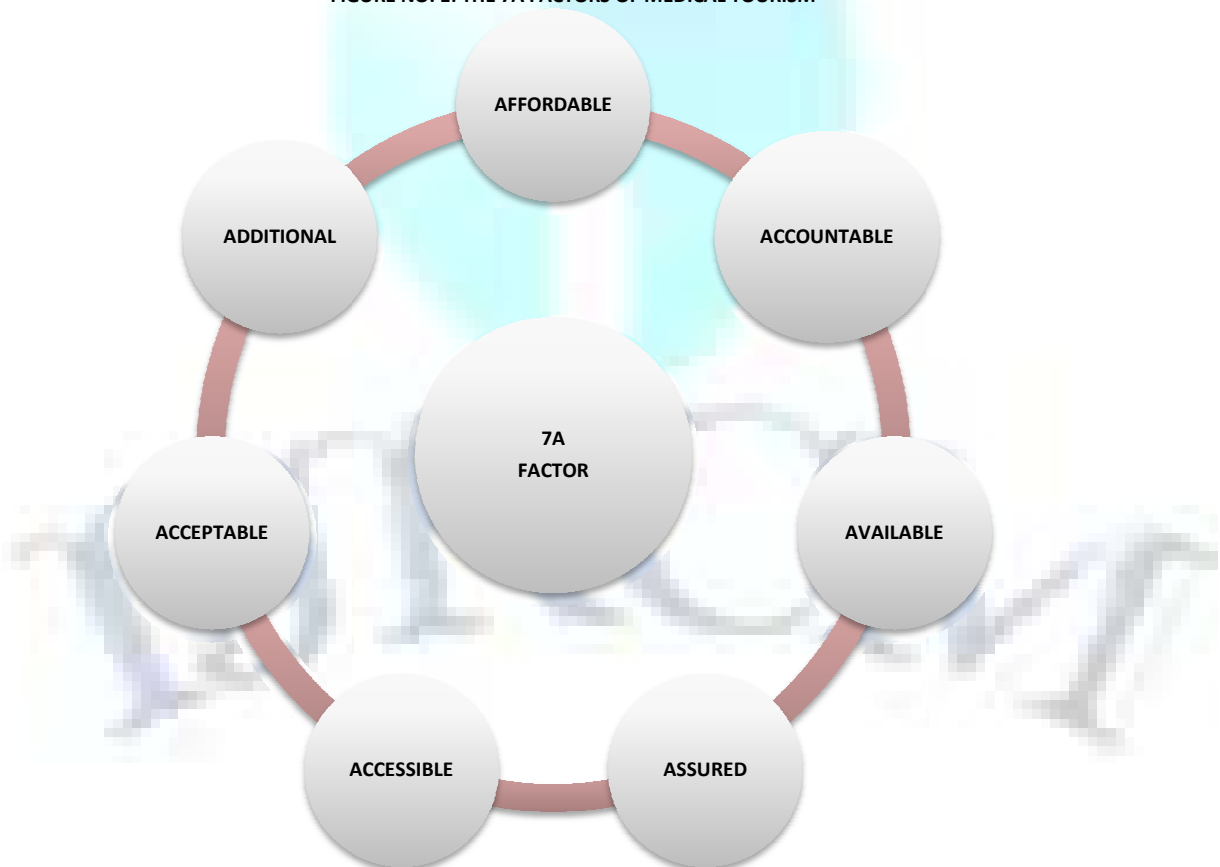
KEYWORDS

Medical Tourism, Foreign Patient, Ayurvedic Treatments.

MEDICAL TOURISM: THE INDIAN CONTEXT

Medical tourism (also called medical travel, health tourism or global health care) is a term initially coined by travel agencies and the mass media to describe the rapidly-growing practice of traveling across international borders to obtain health care. Leisure aspects typically associated with travel and tourism may be included on such medical travel trips. Prospective medical tourism patients need to keep in mind the extra cost of travel and accommodations when deciding on treatment location.

FIGURE NO. 1: THE 7A FACTORS OF MEDICAL TOURISM



Source: (Self-Conceptualized Model, 2014)

A specialized subset of medical tourism is reproductive tourism, which is the practice of traveling abroad to undergo in vitro fertilization and other assisted reproductive technology treatments.

The business can be alienated into three clusters:

- Outgoing: patients migrating to other countries for health care

- Incoming: foreign patients migrating into the urbanized countries for health care
- Intrabound: patients of any nation migrating within their own country for health care.

Medical care in India has appeared as one of the major provision sectors in India. It is predictable to add 8% of GDP and hire about 9 million employees this year. Considering the current scenario "Indian rupee falls to an all-time low of Rs.62 in comparison to 1 USD." This is the catchiest news that is constantly being flashed on all the news channels now days. The whole of Indian economy has been suffering for a while due to the constant downfall of Indian rupee. Indian government seems helpless. Everyone especially the common man barely seems to have got the courage to put in their steps in the market. But what seems to be one good hope of ray for the Indians is that their MEDICAL TOURISM is heading towards a phase called-BOOM.

As the rupee continues to plummet, more and more patients from abroad are coming to undergo complex surgeries at affordable rates. According to a recent survey in Chennai; private hospitals are of the opinion that they have seen a 10% to 15% increase in the past months. And yes this is the pace being witnessed now a days from past one year. The fall in the rupee has only triggered it. If sources are to be believed, India is going to remain at the top slot in terms of medical tourism ahead of these so called developed nations like UK and USA, although countries like China and Japan are trying to flourish and compete in each and every term with India. As Indian healthcare sector develops, this new term has been coined, which is the process of people from all corners of the world is visiting India to seek medical and relaxation treatments. The most common treatments sought are heart surgery, knee transplant, cosmetic surgery and dental care.

According to research reports on Indian Healthcare sector, the medical tourism market is valued to be worth over \$310 million with foreign patients coming by 100,000 every year, and the market is predicted to grow to \$3 billion by 2013.

According to Dr.Trehan of MEDANTA HOSPITALS, Medical Tourism concern has gained exceptional rise in recent years. He says that for an economy like India which is considered the land of DEVTAS, medical tourism is one simple and strong way of strengthening the faith of the world. "Indian doctors are considered the best in the world." These are the words of famous cardiologist and chairman of APOLLO hospitals, Dr. Prathap C. Reddy. He says that we Indians now have one of the better technologies available and this only makes India an emerging power in the field of medical tourism. Also most importantly, in one recent interview and also in an award function, India's famous cardio surgeon, Harvard trained and internationally acclaimed Dr.Hariawala, known as the 'WOMB TO TOMB' visionary of Indian medical line, explained the 100 billion dollar medical tourism opportunity for India. He explained that the establishment of more modern hospitals might contribute to the excellent growth in this industry.

RESEARCH METHODOLOGY

Dominantly secondary sources are used, referred and analytically examined to deliver competent qualitative research in the context of Medical Tourism. Macro level information was critically examined with micro secondary sources. For the purpose of the research objective many sources, discussion, Press notes were taken into account from conceptualizing and concluding business related findings of medical tourism and its impact on India.

RESEARCH OBJECTIVE

The major objective of this research intends to establish and attain the desired result as stated below:

1. To examine the current Macro and Micro business trends of Medical Tourism in support of Indian Tourism industry.
2. To analyse the potentiality of medical tourism and business as a mono and non-supportive trend.
3. To study, conclude and recommend qualitative and futuristic business outcomes in support of the national economy.

The major advantage what makes India and which might make India a major hub of medical tourism in the near future is the much advanced HUMAN TECHNOLOGY AND SKILLED MANPOWER. Although technology wise too, many nations are ahead of India, but what grants India a front step, is the immense cluster of manpower availability. Moreover, the factor that provides an extra edge is the cost factor. Indian medical services are less costly and more efficient in comparison to other parts of the world.

And history proves, in India DOCTOR is considered as the SECOND GOD. Here patient is not just a responsibility for a doctor; instead he is the sole duty of the doctor. The only concern that is lacking and due to which India lags behind, is the VISA problem. Visa problem is one of those problems that do not generally come into light. India's large potential in medical tourism is being blunted by a thicket of restrictive rules for the tourists. According to the 'faulty' medical visa rules, a medical tourist is allowed only three entries a year, with a mandatory two month gap between two entries. So an in-bound patient who travels for consultation with doctors has to wait two months for treatment. But this problem needs to be fixed at the eleventh hour; otherwise India's ECONOMIC USP can suffer drastically.

PUBLIC PROMOTION OF MEDICAL TOURISM IN INDIA

The Indian government as well as players in the private sector have realized the huge potential and advantages in developing medical tourism segment and are initiating fresh moves to promote the same. The Indian government promotes hospital capable of providing high-quality care to the overseas market, through the Internet and other public relations efforts. The government also offers a one year medical service visa as an incentive to international patients who come to India for treatment, and MX visas are allotted to the spouse accompanying the patients. The Indian government is about to collaborate with the private sector to promote "internationally competitive" doctors and make India the medical service centre for the world.

In India, the government has provided fiscal incentives to earning from services provided to medical tourists in the same manner as those to export. In fact, these policies have invited some criticism. Experts question the policy imperative of the government in providing subsidies to private hospitals, when large section of the population do not have access, or have insufficient provision of primary healthcare.

Apollo Hospitals group executive chairman Prathap C Reddy is satisfied with the recent initiatives taken by the government in promoting health and wellness tourism in India, but he says more needs to be done by way of better coordination between the different industries involved. The government has increased budgetary allocation for healthcare to 21.9 percent out of total outlay. Custom duties have been reduced and service taxes on clinical trials have also been abolished-all in an effort to promote medical tourism in India. Thus, health and wellness tourism in India is being promoted aggressively by the private hospitals as well as by the government.

MEDICAL TOURISM- GLOBAL CONSTRAINTS & INDIAN ADVANTAGE

Currently fitness care in western nations has become very much costly not only for trifling surgical treatment but also for main medical procedures. Comparing to the nations like US or the UK, technique like heart bypass surgery or angioplasty comes at a portion of the fee in India, even though the excellence of surgeons and medical gear is comparable to the finest in the world. This state in west Asia has altered the total idea of India as one of the best hubs providing high class fitness care and has turned out to be health care industry. Some immigrants visit as first timer or repeatedly only for surgical treatment. Few of them come on holiday with major schema of health care in their holiday plans. Travelers come for ophthalmology, reproductive health care, cosmetic surgery, dentistry, cardiology, urology, since health care and extremely skilled, talented specialists are accessible at reasonable cost as differentiate to their own nations. Specifically in Asian republics like India, Singapore, Philippines, Honk Kong and Thailand etc. are transforming as major centers for medical tourism. Though, India is developing as most favored destination for health care across the globe. The amount of overseas tourists visiting is repeatedly growing since year 2005. It is important to refer a portion of article printed in Udaily by University of Delaware "the cost of surgery in India, Thailand, Colombia, Philippines or South Africa can be one tenth of what is in the United States or Western Europe and sometimes even less". For heart bypass surgery, cost would be \$ 113,000 or more in US and that goes for \$ 10,000 in India, excluding air fare and a brief holiday package. Likewise a metal free dental bridge cost \$ 5,500 in the US and costs \$ 500 in Bolivia or India, knee replacement in the Thailand with six days of bodily therapy expenses about – one fifth of what is would cost in the US. Lasik eye operation worth \$ 3,700 in the states is accessible in many other nations for only \$ 730.9 some of the health centers in the country are well recognized for specific techniques like, hip resurfacing, rhinoplasty, angioplasty, knee replacement, heart surgery etc. The administration and private infirmary groups are dedicated to

the goal making India as a world frontrunner in the health industry at reasonable price. In spite of excessive obtainability of accomplished experts, health care in country is still sheathing behind in attaining number one position as health tourism, due to the deprived availability of arrangement and good hotels. These topics are necessary to be addressed with upper authorities to improve current scenario. The utmost strength of the country is its large English speaking residents, who can interconnect effortlessly with non-nationals. From previous discussion it is clear that, health tourism in India has turn out to be most desired terminus amongst non-nationals, due to accessibility of all medical services at lower cost with world standards as equated with other western nations.

TABLE 1: MEDICAL TOURISM PRICES (IN SELECTED COUNTRIES) Costs given in US\$

Procedure	US	India	Thailand	Singapore	Malaysia	Cuba	Poland	UK
Heart bypass (CABG)	113000	10,000	13,000	20,000	9,000		7,140	13,921
Heart Valve replacement	150,000	9,500	11,000	13,000	9,000		9,520	
Angioplasty	47,000	11,000	10,000	13,000	11,000		7,300	8,000
Hip replacement	47,000	9,000	12,000	11,000	10,000		6,120	12,000
Knee replacement	48,000	8,500	10,000	13,000	8,000		6,375	10,162
Gastric bypass	35,000	11,000	15,000	20,000	13,000		11,069	
Hip resurfacing	47,000	8,250	10,000	12,000	12,500		7,905	
Spinal fusion	43,000	5,500	7,000	9,000				
Mastectomy	17,000	7,500	9,000	12,400				
Rhinoplasty	4,500	2,000	2,500	4,375	2,083	1,535	1,700	3,500
Tummy Tuck	6,400	2,900	3,500	6,250	3,903	1,831	3,500	4,810
Breast reduction	5,200	2,500	3,750	8,000	3,343	1,668	3,490	5,075
Breast implants	6,000	2,200	2,600	8,000	3,308	1,248	5,243	4,350
Crown	385	180	243	400	250		246	330

The fee assessments for operation take into account hospital and doctor charges, but do not comprise the charges of air travel and hotel bills for the projected length of visit.

Source: Authors, March 2011, compiled table from medical tourism providers and brokers online.

FOREIGN INVESTMENT IN MEDICAL SECTOR IN INDIA

The healthcare segment as a business is growing speedily and has not been as impacted by current financial slowdown as some of the other businesses. It covers hospital services, medical technology, clinical trial services, diagnostic services and diagnostic products. This area is mainly privatized and accounts for more than 80% of entire healthcare expenditure in India with virtually 75 to 80 % of infirmaries being succeeded by isolated sector. The Indian infirmary business was projected to be worth about USD 44 billion as of 2010 and is expected to be value around USD 280 billion by 2020. Additional, the Indian infirmary facility business is predictable to cultivate at a compounded yearly progress rate of more than 9%. The Indian Medical care segment is developing as one of the fast-growing facility areas in India, contributing 6% to the country's GDP (Growth Domestic Product).

On average, the deprived 20% of the Indian residents is 2.6 times more expected than the wealthy populace to forego health treatment when ill, due to fiscal reasons. Even if the administration delivers free or nearly free facilities, poor families spend an important part of their income on transportation and easygoing charges. The cheap subsidizations on health care facilities and administration's removal from social area resulted in market segmentation, which in turn caused in an augmented demand for superiority medical care facilities by the higher and intermediate class sections in India. This issue made it eye-catching for isolated investors to control moneymaking healthcare processes, which resulted in amplified private speculation in healthcare. Though, the turning point in Indian healthcare facility supply came with the formation of the first "business hospital" by Apollo Hospital Enterprise limited, in 1983. Continually since then Apollo Hospital Enterprise Ltd, has seen a marvelous evolution with over 8000 hospital beds under its name across 25 cities in India. Simultaneously some other business hospitals were well-known across India including Escort Group and Fortis Healthcare. The Indian healthcare area is projected to reach US\$ 280 billion by 2020, subsidizing an expected GDP spend 5.5 per cent in 2009 to 8 per cent in 2012, agreeing to a report by a business body. Increasing population, growing lifestyle related health issues, inexpensive cure costs, push in health tourism, refining health assurance infiltration, growing nonrefundable income, government inventiveness and attention on Public Private Partnership (PPP) models are some of the heavy features for the development of medical sector in India.

ROLE OF FACILITATORS IN MEDICAL TOURISM

People spend plenty of time in exploring health tourism upon internet which gives them a list of impressive website that claim to organize all the detail of their health trip. Usually, these websites have a list of doctors and hospitals in various endpoints along with information about several health procedures they support. These firms are usually referred to as "health care or medical tourism facilitators" and they function as mediators between patient and health care providers.

Health care facilitators are easy in reach on all over the internet; though it is very much important for the patients to endorse with those companies which are certified by organizations such as Better Business Bureau.

TWO-FOLDED ROLE OF HEALTH CARE FACILITATOR

- To inform possible patients about the numerous health services and surgeons they are sponsoring; and
- To achieve the flow of facts and coordination of facilities between patients and suppliers.

But sometimes it turns into a disadvantage of having a facilitator because quality of facility may vary knowingly from one healthcare facilitator to another; there may be unfairness towards assured hospitals or endpoints, which may cause a great trouble to the patient after spending a handsome amount of money on the facilitator.

THE EFFECTS OF MEDICAL TOURISM

India is an emerging nation with very low (PCI) per capita income by any mode of fiscal calculation in the world. National concerns of BPL (Below poverty Line) population and their welfares is in any way is the main encounter for the strategy proposers and implementers. Health facilities for the commonalities are delivered by the national administration through administration infirmaries at insignificant costs to make the commonalities to afford the facility. As an overall proposal, much of the presentation under the critical needles of Life Expectancy, MMR, TFR IMR, etc. correlates with financial prosperity and stages of poverty. The motives for such opposing health pointers may relay to high level of undernourishment and anemia, and lack of admittance to vital health facilities. Not remarkably, the states which are feeblest in terms of, maternal, life expectancy and infant mortality and total fertility regions are also lowest in terms of financial prosperity and uppermost in terms of deficiency intensities and entire health expenses.

India for the last five periods has capitalized in the remedial and health care sector by the general control of edification. The subjects of national implication were 'Brain Drain' of doctors to overseas nations in search of upper remunerations. Since 1991 liberalization Indian schooling has also gone through privatization and the business funding in this industry has gone up. Upper remunerations and job instable trend has fascinated Indian surgeons to come back to the country for profitable jobs as expert doctors. At the similar time medicinal sector at local front and overseas venture in the business is a mega fascination.

TABLE NO. 2: HEALTH INDICATORS: INDIA

High Focus NE States	Birth Life Expectancy (2002-06)	IMR (2008)	MMR (2004-06)	TFR (2008)	Poverty Level (2004-05)	Per Capita NSDP (2008-09) in INR	Per Capita Health Expenditure (NHA – 04-05)
Arunachal Pradesh	-	32	-	-	17.6	22475	1454
Assam	-	64	480	2.6	19.7	16272	774
Manipur	-	14	-	-	17.3	16508	673
Meghalaya	-	58	-	-	18.5	23069	894
Mizoram	-	37	-	-	12.6	20483	1133
Nagaland	-	26	-	-	19.0	17129*	819
Sikkim	-	33	-	-	20.1	30652	1507
High Focus EAG States							
Bihar	61.6	56	312	3.9	41.4	10206	513
Chhattisgarh	-	57	-	3.0	40.9	19521	772
Jharkhand	-	46	-	3.2	40.3	16294	500
Madhya Pradesh	58.0	70	335	3.3	38.3	13299*	789
Odisha	59.6	69	303	2.4	46.4	18212	902
Rajasthan	62.0	63	388	3.3	22.1	19708	761
Uttar Pradesh	60.0	67	440	3.8	32.8	12481	974
Uttarakhand	-	44	-	-	39.6	25114	818
General Category States							
Himachal Pradesh	67.0	44	-	1.9	10.0	32343	1511
Jammu & Kashmir	-	49	-	2.2	5.4	17590*	1001
Andhra Pradesh	64.4	52	154	1.8	15.8	27362	1061
Goa	-	10	-	-	13.8	60232*	2298
Gujarat	64.1	50	160	2.5	16.8	31780*	953
Haryana	66.2	54	186	2.5	14.0	41896	1078
Karnataka	65.3	45	213	2.0	25.0	27385	830
Kerala	74.0	12	95	1.7	15.0	35457	2950
Maharashtra	67.2	33	130	2.0	30.7	33302*	1212
Punjab	69.4	41	192	1.9	8.4	33198	1359
Tamil Nadu	66.2	31	111	1.7	22.5	30652	1256
West Bengal	64.9	35	141	1.9	24.7	24720	1259
INDIA	63.5	53	254	2.6	27.5	25494	1201

Note: TFR: Total Fertility Rate, NSDP: Net State Domestic Product IMR: Infant Mortality Rate, MMR: Maternal Mortality Ratio.

Source: (Rath and DAS et al Journal issue No.5, Page No. 65, 2011 September, Vol. No. 1)

Commercialization has caused in fake and unprincipled hike in the costs of lifesaving medications. Greater revenue margins and has valued the patients to pay very high fee in return making the mutual commonalities unreasonable to pay for the drug. Inadequate monitoring actions of the administration and the revenue motive of the health care and the medicinal business has made life of the common commonalities tough for the health care.

AYURVEDA: ANCIENT INDIAN SYSTEM OF CURE

Ayurveda is one of the antique methods of Treatment. Its foundation is in Indian subcontinent. It is the ancient unremittingly practiced structures of treatment and it still has its significance. This method studies man as a part of environment itself and cure are based on this supposition. It uses remedies that are got from environment itself. It is most commonly used and skillful in India, Srilanka and Nepal there are a lot of immigrant's people who believes in this cure.

India is a nation where medicinal diversity is formally accepted and heartened. Presently, India identifies six diverse healthcare methods along with the traditional drug (also known as Allopathy or Biomedicine). India trails a "parallel" kind of strategy model where the traditional biomedicine and other native systems of remedy including Homeopathy (referred collectively as AYUSH: Ayurveda, Yoga, Unani, Siddha, and Homeopathy) are positioned "parallel to each other." Because of such a strategy, though, there is no authorized facility for cross-talk between the specialists belonging to these dissimilar streams during medicinal learning, exploration, and training. This has in statistic given upswing to communal misgivings among these healthcare specialists concerning the strong point and faults of each other.

Agreeing to a recent report, there are at currently more than 500 undergraduate colleges that produce alumni in AYUSH streams of remedy in India. The prospectuses of these databases cover a huge amount of issues related to traditional biomedicine. Though, the figure of AYUSH institutes asking the biomedicine specialists to communicate these issues to their undergraduates is tremendously low. The leading bodies such as the Central Council of Homoeopathy and Central Council of Indian Medicine (CCIM) too do not make it essential for such issues to be taught by the specialists in the applicable fields. Consequently, the instructors teaching some AYUSH subjects also teach the applicable biomedical topics such as, physiology, anatomy, biochemistry, surgery and pathology. Consequently, it can be expected that the excellence of teaching in these subjects that AYUSH undergraduates obtain is possibly substandard.

The situation is dissimilar in the medicinal universities because the leading council, Medical Council of India, does not contemplate it is essential to include even the fundamentals of AYUSH-related subjects in the undergraduate or post-graduate programs. Consequently, there subsists a perceivable break between AYUSH and traditional healthcare experts when it comes to "consciousness about the area understanding of each other."

DRIVERS OF MEDICAL TOURISM IN INDIA

These years it looks like every single nation in the world endorses itself as a harbor for health tourism. The truth is that in most circumstances they provide sub-standard services and boundless skills/qualifications.

India has thousands of accomplished surgeons and nurse consultants. Over the last two decades, the financial boom in India has led to the construction of health services & setup that competing the very best that western health care that the west has to offer. Numerous of the surgeons that run-through in these infirmaries and health center have returned (to India) from the U.S. and Europe, leaving behind effective rehearses.

While some minor nations may be feasible as substitutes for negligible medical trials, India is the only mainstream option that bids a complete way out for any and all medicinal needs, and does this with the uppermost altitudes of service, services, and specialized assistances. A multifaceted transplant or bypass process can be attained for a tiny portion of the cost for the same technique in the U.S.

FIGURE NO. 2: MEDICAL TOURISM DRIVERS OF INDIA



Source: (Self-Conceptualized Model, 2014)

Benefits that India offers as an endpoint for health tourism are alike to those that make it an eye-catching selection for IT off shoring. Abundant like the crowd of engineers that controls the IT sectors; Indian surgeons are refined in English under a health prospectus that was carefully demonstrated on the British system. After freedom the Indian administration extended health education opening a number of new medical colleges at the state level and also funding health centers of brilliance such as AIIMS (All India Institute of Medical Sciences). In the last years or so there has been mounting private speculation in health education as well, with a number of isolated medical universities being started. The fee of remedial education has been comparatively economical in India with a greater part of the expenditure being funded by the administration. A strange feature of remedial education in India is that the numbers have been slanted excessively in favor of proceeding doctors rather than nurses linked to other nations. Accordingly India has transferred surgeons to other advanced countries, such as US, the United Kingdom a typical specimen of brain drain and the supporting of first world health by the tax capitals of an unpremeditated third world nation. No disbelief these surgeons have been able to obtain superior expertise by working with the state of the art skill and being visible to the latest expansions and best measures in medicinal science. Certainly major vending point of health tourism is precisely its skill to fascinate these Indian surgeons to return from overseas to work (either full time or part time) in these multi-specialty infirmaries where they would not lack for the latest and the best in gear and skill. Newly returned Non Resident Indian (NRI) surgeons have helped not only as picture boys (and girls) of health tourism in India but in some circumstances have been prime powerhouses in setting up such infirmaries joining the latest medicinal skill and medical performs, and often carrying with them their entire support operate in order to repeat in minute detail the surroundings of a first world facility and skill.

CONCLUSION & RECOMMENDATION

The future of healthcare sector seems encouraging. With augmented elevation, other nations are increasing their health care systems, inspiring travelers to visit. India is reviewing tactics to construct a medical tourism resort, providing larger lodging in "a hotel and hospital mixture". Fast emerging metropolises are giveaway new ideas, counting Dubai's Healthcare City, which will be one of the world's biggest healthcare centers.

India is developing as an eye-catching, reasonable for healthcare but there are some challenges that the nation has to overwhelm to turn out to be a tourist terminus with knowledgeable health care business. The administration should stride in the role of a supervisory body and an organizer of isolated investment in healthcare. A zenith body for the business needs to be implemented to encourage the India trademark overseas and aid inter-sectoral organization. Joint ventures with foreign associates and setting up of MEDICITIES will help in India constructing a momentous benefit and leadership position in the business.

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