MEDICAL TOURISM IN THAILAND

Erik Cohen[1]

Abstract

Owing to critical differences in the prices and ready accessibility of medical services in the West and the Middle East today, there has been a rapid rise in foreign demand for medical treatment in Thailand. Thailand attracts medical tourists because it offers high quality and readily accessible medical services at affordable rates, while enabling patients to combine treatment with vacationing. This explorative study focuses on some key sociological issues at the core of the development process of the Thai medical tourism sector: the commodification of Thai medicine; the emergence and growth of foreign-oriented medical services; the creation of "hotel-spitals," business-like hospitals, combining high-class medical and hospitality services for a foreign clientele; the linkage between foreigner-oriented medical establishments and the tourism industry; and the consequences of the development of the medical tourism sector on the Thai medical system. The directions of future development of the sector are outlined as a conclusion.

Key words: *medical tourism, commodification of medicine, hotel-spitals*.

Introduction

On the surface, "medical tourism", a term unknown until a few years ago, sounds paradoxical. Indeed, it is hard to imagine a stronger polarity between two areas of social life, than that between tourism and hospitalization. Tourism, a voluntary leisure activity often perceived as a liminal reversal of everyday life (Graburn, 1977) and a time for hedonistic pleasure, free from obligations and external constraints, stands in sharp contrast to medical treatment and hospitalization. The two domains seem to be fundamentally incompatible. While tourism is associated with freedom and pleasure, hospitalization evokes images of constraint and suffering. One does not visit a hospital unless one needs to. As a travel writer noted: "…the dentist chair and the antiseptic smells of a hospital waiting room are synonymous with pain and a sense of helplessness. They just don't blend with travel and vacations" (Ross 2001). Yet, medical tourism has recently become one of the fastest growing fields of the tourism industry in a number of developing and post-Communist countries that include, among others, Thailand (1).

Of particular interest to us is the process that brings these two seemingly mutually exclusive domains together. This article will investigate this process focusing on Thailand, one of the countries in which medical tourism is growing most rapidly. Part one will define 'medical tourists'. Then after exploring in Part two how the demand for medical tourism has been generated by the broader processes of globalization and commodification, we will in Part three explore the emergence of medical tourism. Part four will consider the changes which medical services have undergone in Thailand in the process of their adaptation to a new, foreign clientele and Part five, how the

[1] Erik Cohen, Ph.D. is George S. Wise Professor of Sociology (Emeritus), Department of Sociology and Anthropology, The Hebrew University of Jerusalem, Mount

linkage between medical establishments and the tourism industry has developed. Finally, in Part six, we will examine some of the consequences of the growth of medical tourism.

1. Medical Tourists

Although the term is recent, "medical tourism" as a phenomenon is not entirely new. In the past, wealthy people from countries with underdeveloped medical services would travel to Western countries, renowned for the quality of their medical services. People from oil-rich Middle East countries, for example, received medical treatment in the United States and expatriates living in less developed Southeast Asian countries traveled to Singapore, the regional medical hub at the time. The trend, however, has since been reversed. Nowadays, an increasing number of citizens from wealthy, highly developed nations are traveling to developing countries in search of affordable and readily available medical services, which they typically combine with vacationing or other forms of tourism.

Changed circumstances in the health care systems in the countries of origin of these tourists account to a large extent for this reversal of direction. Over the last decades, medical services in a large number of highly developed countries have become increasingly more expensive and in some cases no longer affordable or accessible to large segments of the population. In the U.S., for example, skyrocketing costs in the private medical system have placed health care beyond the means of many middle class people, not poor enough to be eligible for public medical schemes yet, not sufficiently well-off to afford expensive private health insurance schemes (Kher 2006:51, Lilakul 2005a). And in many European countries, socialized national medical services are under severe pressure and unable to timely respond to the increasing demand for medical treatments, causing long waiting lists to emerge, all the more as many people cannot afford expensive private medical services. Moreover, certain treatments such as cosmetic surgery or dental work - both of which are particularly costly - are not, or little, covered by either private insurance schemes or national medical services. Finally, innovative - though risky – treatments not yet officially approved in Western countries, in which more stringent safety norms are enforced, have become available in some developing countries. As a result, a western demand for cheaper, available and readily accessible medical services has developed; a demand to which the emergence of an affluent middle class in some developing countries lacking high quality medical services has also added.

Strictly speaking, the term "medical tourism" applies to people who travel to another country for medical treatment, which they will often combine with a vacation, or to people who take the opportunity to receive such treatment in the course of a vacation.

The term, however, is often indiscriminately used in statistical reports to include all foreigners having received medical treatment in the host country. As a result, because of this practice, the alleged scope of medical tourism tends to be considerably exaggerated. First, statistics include expatriates and other long-term foreign residents in the country considered, even though they are not "tourists" *per say*. Second, they overlook significant differences in the relative importance of medical treatment received by *bona fide* tourists during their sojourns in the host country. To avoid confusion, I have developed a typology of "medical tourists," based on the extent to which medical treatments play a role in tourists' motivations for and conducts on the trips, relative to vacationing.

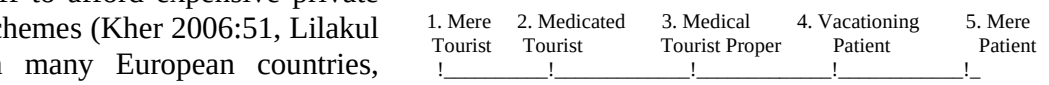

Figure 1: A Typology of Medical Tourists

A *mere tourist* can be defined as an individual who does not make any use of medical services while vacationing in the host country; *a medicated tourist*, one who receives medical treatment for health problems incidentally

occurring while in the host country. A *medical tourist proper*, on the other hand, is an individual whose visit to the host country includes both tourism and medical treatment (for matters unrelated to the trip). Tourists traveling to the host country with the intention of receiving treatment while vacationing, as well as those deciding on such treatment once in the country will thus fall within that category. A v*acationing patient* is an individual who visits the host country mainly to receive medical treatment, but makes incidental use of vacationing opportunities, especially during the convalescence period that follows an operation or some specific treatment. Finally, a *mere patient* is an individual who visits the host country solely to receive medical treatment, and does not make use of any vacationing opportunities it offers.

An accurate estimate of the number of tourists who availed themselves of medical services in Thailand is extremely difficult to establish since governmental agencies and hospitals only release the annual gross total of foreigners who sought treatment in hospitals in Thailand. Reportedly, this number has been increasing rapidly throughout the 2000s, more than doubling between 2002 and 2006 (Sukin and Kurz 2006) (2).

However, one must be careful in interpreting these statistics. Not only is it difficult to gauge their reliability, but they also include different kinds of foreigners. A significant, but hard to determine, percentage of them are expatriates and other long-term residents of Thailand, many of whom hold health insurance policies from home, which will refund their medical expenses in the host country. The rest are tourists; the majority of these, however, appears to belong to Type 2 in the typology: medicated tourists who will avail themselves of medical treatments for health problems incidentally encountered on the trip, but will not seek medical services unrelated to their sojourns.

What percentage of all the foreigners entering Thailand then expressly come for medical treatment? According to one source, 30% of the total quoted in the statistics covering the early 2000s are tourists who "…traveled to Thailand solely for medical treatment" (Khwankhom 2004). This percentage may have increased since, as: Thailand's reputation for medical treatment has grown; more hospitals are offering services to tourists; new types of specialties have emerged; and governmental promotion of the country as a "health hub" has intensified. Even at 30% of the total, the number of *bona fide* medical tourists in 2005 would still amount to 380,000; a significant figure compared with, for example, the number of medical tourists to Turkey, another emergent center of medical tourism, reported to be around 15,000 a year (ICEP 2006). But not all of these tourists travel to Thailand solely for medical treatment; they are spread between Types 3 and 5 in our typology. While no statistical data regarding their distribution by types are available, the attractive and heavily-promoted combination of treatment with vacations, Types 3 and 4 (Medical Tourist and Vacationing Patient), appear to outnumber Type 5 (Mere Patient).

The origin of foreigners seeking medical treatment in Thailand is extremely diverse. The main source of demand, however, revolves around two main sets: on the one hand, a few developed countries in which high quality medical services are prohibitively expensive or not readily accessible [the United States, Japan, Australia (Yuasa 2005) and Britain (Tawichai and Antaseeda 2002)]; on the other, developing countries in the Middle East and South and Southeast Asia (Yuasa 2005), such as Saudi Arabia, the United Arab Emirates, Bangladesh, Burma, and Cambodia, in which such services are not readily available. Patients from the Middle East have become the fastest growing group of medical tourists to Thailand as a result of the September 11 attack and the subsequent difficulties obtaining visas to the United States (Lilakul 2005a; Yuasa 2005) (3). Many of them have turned to Thailand to seek treatment and never move far away from their hospitals or

hotels during their entire stay. They are thus the principal representatives of Type 5 (Mere Patients).

2. Commodification and Globalization

Two interrelated developments in today's world have facilitated the demand for medical tourism: commodification and globalization. Commodification, a process that transforms the market from a unique product into a market based on competition, has now reached domains long considered to be outside the economic realm such as the medical field in Thailand, which, with its long history of traditional medical lore, "based on herbal medicines and massage treatments", was not considered to be part of the economic domain (4). These prevalent norms constituted a hurdle to the "merging [of] business with medicine" in contemporary Thailand (Russell 2006). The breakthrough came with foreign-oriented establishments, which started to operate as any other profit-making businesses, even before medical tourism became popular. With the rise of foreign-oriented medical establishments, the commodification of medicine became entirely unrestrained (Esnard 2005:28). Had the medical field not been commodified prior to being exposed to the international medical market, medical tourism would not have grown so rapidly.

Another key factor in the development of medical tourism has been globalization. The extension of globalization beyond emerging worldwide markets in goods, labor and capital, to additional spheres, such as information flows, technology transfer, and professional training has had a significant impact on the expansion of medical tourism. Acquiring medical expertise and adopting medical technology, on a level comparable to that found in leading medical institutions in the developed West, was now made possible through globalization: commodified personal services were relocated abroad, the same way labor-intensive production processes had been relocated or outsourced in the course of globalization from developed countries into developing ones, where labor was abundant and relatively cheap. The emergence of medical tourism can be seen as one instance of the relocation of such services, not dissimilar to the relocation of retirement homes or geriatric services abroad (Ball 1971).

Compounding these factors is the development of relatively cheap air transportation that has made remote destinations easily accessible and affordable to foreigners seeking medical treatment.

3. Medical Services and the Emergence of Medical Tourism

Thailand was particularly well-suited to become a major destination of medical tourism, especially once the traditional restraints on the commodification of medicine were removed. A highly popular destination, currently attracting around 15 million foreign tourists a year, Thailand enjoys a worldwide reputation for the alleged hospitality and friendliness of its people and their proverbial smiles.

Medical tourism emerged in Thailand on a small scale in the 70s although it was not yet known by that term then. Its start was largely due to a fit between a growing demand in Western countries for cosmetic and other elective treatments—which were not covered by health insurance schemes—and their availability in Thailand at affordable rates. While cosmetic surgery was at the time "the mainstay of the medical tourism industry" (Lovering 2001), it later expanded to dental work and an ever wider range of medical treatments.

Medicine, as a fully-fledged business, however, did not develop in Thailand until the late 1980's, early 1990's when a few private establishments started to introduce state-of-the-art medical technologies and employ highly qualified medical personnel, many of whom had previously practiced in Western countries, mostly in the U.S. While primarily serving, at first, members of the local elite, as well as the

expatriate community, they acquired a growing reputation abroad and ended up pioneering the development of foreign medical tourism.

This process was facilitated by some political developments at the time and by two catastrophic events: the September 11 terrorist attack, which, as we have seen, caused many Middle Easterners to seek medical treatment in Thailand; and the 2004 tsunami disaster in southern Thailand (Chapter 2; Cohen 2007). As hospitals there strove to cope with the high number of casualties (Chapter 2; Cohen 2007), they received world-wide exposure, suddenly acquiring a solid reputation abroad (Limsamarnphun 2005), which enticed foreigners to consider Thailand as a country in which to seek medical treatment.

The reputation of medical services in Thailand has also been bolstered by various government-sponsored promotional campaigns; prominent among them, the "Amazing Thailand" campaign highlighting "the attractions of spas, hospitals and herbal products" (Russell 2006) launched in the wake of the government's decision to turn the country into a regional medical hub (Arokhaya 2005; *The Nation* 2006a) (5).

Another significant development was the introduction in 2001 of the so-called 30-Baht Health Service Scheme by the Taksin government (Jongudomsuk 2005:20-22). Under that scheme, every Thai citizen became entitled, for a set 30-Baht fee per visit, to a package of health services in governmental hospitals, and in those private hospitals, that had chosen to join the scheme. Designed to provide adequate medical services to the masses, the scheme encountered many difficulties due to insufficient funding in the face of the fast-growing demand it generated; a demand to which medical staff was increasingly unable to respond satisfactorily (Khwankhom 2006). As a result, many better-off patients turned to private medicine for treatment.

By the late 1990's, Thailand "had become a favorite destination for cosmetic surgery" (Russell 2006). As demand flourished, new specialties proliferated. The narrow field of cosmetic treatments expanded into the much broader field of medical aesthetics (Russell 2006) (6). Moreover, foreigner-oriented hospitals gradually widened the range of medical treatments offered to foreigners to include, among others, open-heart surgery. Some medical establishments even started to offer risky or experimental procedures, not yet available in the West, such as stem-cell treatment (7).

Seeking to expand their business further still, they also developed programs of preventive medicine and general healthcare, oriented primarily toward expatriates and tourists (Taemsamran 2005d:H5). These include a wide selection of check-ups, ranging from limited, inexpensive ones, to exhaustive and costly ones (8). Medical tourism in the narrow sense is thus currently expanding into the wider field of health tourism (Taemsamran ibid). The advantage of this strategy seems to be that it greatly increases the potential clientele. While relatively few tourists might need treatment for particular illnesses during their stay in the country, virtually all are potential clients for check-ups of different kinds, without necessarily being sick. In this respect, check-ups resemble elective skin and beauty treatments, which even healthy individuals might wish to undergo during their vacation, in order to improve their bodily appearance.

One additional consideration, playing a major role in the decision as to which country to choose, is the opportunity to combine medical treatment with seaside vacations (Lovering 2001), an advantage that is not available, or not as attractive, in most other countries competing with Thailand for medical tourists. Indeed, for a growing number of relatively well-off Westerners, seeking treatment, Thailand has undoubtedly become an attractive proposition. With the combined traveling and medical expenses of trips for medical purposes lower than the cost of medical treatment at home, in-bound patients can enjoy a vacation in the bargain – a significant added bonus.

However, though on balance still very attractive to foreigners, medical tourism has a few serious drawbacks. Citing the risk of inappropriate or faulty treatment, which they may discover only after returning home, many foreigners are still reluctant to travel for serious problems to a far-off place, with which they are ill-acquainted (Connell 2005:99, Esnard 2005:27-29). All the more as in most developing countries, it is often very difficult for foreign patients to receive compensation for malpractice by local physicians.

4. The Transformation of Foreigner-oriented Medical Establishments

Thailand enjoys a well-developed medical system. With about 700 governmental and 300 private hospitals, the country also possesses the most highly developed medical sector in Southeast Asia. However, only a small proportion of its hospitals extend medical services to foreigners. And fewer have made servicing foreigners a policy priority and transformed their image and services to that end. Medical tourism is predominantly concentrated in the private medical sector, though some government hospitals recently turned to servicing foreigners, mainly to cover losses, incurred by their participation in the 30-Baht scheme. Of the 218 members of the Thai Private Hospitals Association, only 33 expressly "target foreigners" as a matter of policy (Sukin and Kurz 2006). The great majority of medical tourists receive treatment in Bangkok even though many foreigner-oriented hospitals are located in leading vacationing destinations,

Medical tourism in Thailand was pioneered by the Bumrungrad International Hospital

(Bumrungrad) (9). Located in Bangkok, it epitomizes the transformation of a hospital from a locally-focused unit into a foreigner-oriented establishment. Established as a relatively modest, private 200-bed hospital in 1980, Bumrungrad soon attracted foreigners and tourists seeking medical services thanks to its convenient location next to one of the city's major expatriate enclaves and hotel and entertainment areas. The number of foreign patients using its medical services has been steadily rising over the years and is expecting to be close to 550,000 in 2007, up from 40,000 in 1996, making it one of the largest private hospitals in Asia (Edey 2002.76) (10).

Billing itself as a "Medical City" (Bassett 2002), Bumrungrad includes 34 outpatient centers, ranging from an aviation medicine center to a Wellness Center and golf clinic offering "comprehensive health services tailored to each golfer's specific needs" (Ki Nan Tsui 2007). Non-medical facilities include a variety of restaurants and food stalls, several shops, hospitality residences and suites to accommodate the people accompanying foreign patients, and an International Patient Center, which takes care of "everything from visas, language needs, insurance, correspondence with your doctor at home, to repatriation" and visa extensions (Edey 2002:78). The center currently employs translators in 12 languages (Tawichai and Antaseeda 2002). Particular attention is paid to the needs of the various non-Western ethnic and religious groups using its services. For example, "all employees completed an orientation course on Islam and [Bumrungrad] opened Thailand's first hospital Halal kitchen […and] has a Muslim prayer room." (Edey 2002:77).

The most significant innovation pioneered by Bumrungrad, however, has been the comprehensive conversion of the conventional hospital ambience into one resembling that of a five-star hotel. The hospital has been entirely redecorated and turned into a new type of hybrid establishment, one that could be called a "hotel-spital" (Ongdee 2003). The following excerpt from a travel journal highlights the extent of the transformation: "Doormen meet and greet you in the driveway. Doors slide open to reveal cozy lounges, greenery and a view of restaurants on the mezzanine level. No nurses or doctors are in sight in this entry foyer" (Bassett 2002:15). In a significant departure from existing standards,

Bumrungrad has thus discarded the conventional hospital architecture, interior design, furniture, and services in favor of a hotel-like approach, bridging, in the process, the hitherto-prevailing gap between tourism and medical treatment. Several other major groups of hospitals seeking upper-end foreign patients have modeled their approach to patients on the Bumrungrad approach in their effort to become "hotel-like chain business[es]" (Ongdee 2003).

Most energetic among them is the Bangkok Hospital Group, (the Group). Operated by the Dusit Medical Services, the most rapidly-growing private health-care chain in Thailand, it has expanded its network throughout Thailand (Siripunyawit 2005) (11). The Group has also started to expand abroad (12). The Group's flagship medical establishment is the Bangkok Hospital (13). With its main entrance resembling that of a hotel and its foyer featuring marble walls, upholstered easy chairs, and various amenities for patients' convenience enjoyment and comfort (cafés, exchange service, Immigration Bureau), it clearly reflects the ongoing convergence of hospitals and hotels into "hotel-spitals" (Ongdee 2003); a concept that removes much of the stress and discomfort usually associated with conventional hospitals.

Not every foreigner-oriented hospital, however, favors the current fusion of hospital and hotel architectures (Lueng-uthai 2007). On the island of Phuket, for example, while the Phuket Hospital has adopted the "hotel-spital" concept in its attempt to attract a growing number of foreign clients, the International Hospital, though also engaged in the business of attracting an overseas clientele, has retained the more traditional hospital role and appearance (14). However, while the international clientele in both places presently averages about 30% to 35% of their patients, only 10% or so are medical tourists in the narrow sense. Though on the rise, real medical tourists in Phuket (Type 5 in the typology) are still relatively few. The same can be said of the northern city of Chiang Mai, designated by the government as the northern hub of medical tourism. Not many foreigners go there specifically for treatment. In all these areas, the types of treatment preferred by tourists are cosmetic procedures, dental work, check-ups and orthopedics. Clearly, the great majority of *bona fide* medical tourists to Thailand still prefer Bangkok hospitals for any medical treatment.

5. Linkage Between Medical Establishments and Tourism

In Thailand, major private hospitals advertise their services in newspapers, travel periodicals, and even on television. That practice has been introduced into the international sphere, where competition is no less fierce. Hospitals focusing on medical tourism advertise their services on the Internet, in brochures and tourist publications.

Foreigner-oriented hospitals, however, face distinct problems. On the one hand, they strive to attract clients from far-away places, where, until recently, most people were unaware of the range and quality of medical services available in Thailand at affordable costs. On the other, their non-resident foreign clients also need a wide range of non-medical services, especially when they want to combine medical treatment in the country with tourism. Yet, few hospitals provide such services to their foreign clients and, when they do, they are often limited to airport transportation and accommodation for accompanying persons. Most hospitals are not, in general, able or willing to provide such services.

One of the alternatives has been to link up with the tourism industry eager to exploit the emerging opportunities this novel kind of tourism offers. Cooperation has taken different forms: one has been to team up with airlines and offer packages, combining vacations with medical treatments or check-ups (Horayangura 2005:17) (14); another, to work in conjunction with tourist agencies and set up a variety of package tours that offer medical treatment with

vacationing and sightseeing, making it "…possible to combine a visit to the doctor with a trip to Thailand …[as] visitors can now purchase a vacation from their local travel agent and select a [medical] check-up package at the same time" (Bassett 2002) (15). Some foreigner-oriented hospitals, however, see little merit in engaging agents who, as one hospital manager put it "just want to collect a 10% provision for referring a patient to his hospital without providing any other services". Others, on the other hand view linkage with major travel companies as a way of attracting more customers and providing inbound patients with a seamless service" (*The Nation* 2006b) (16).

Several leading Thai hospitals have also recently established comprehensive direct linkage with the countries from which many of their clients originate (Rungfapaisarn and Pusaksrikit 2004:2B); a few have even opened their own offices abroad in such remote places as the Seychelles, Mongolia and Ethiopia (Kittikanya 2007b).

Partnerships with medical establishments abroad are also emerging, as hospitals have joined forces with "well-known health and medical care providers in the Middle East for referrals of their patients to Thailand" (Pratruangkrai 2006). In addition, several hospitals have signed "contracts with Middle East governments to outsource some of their medical services to Thailand" (Kurz 2006). Thai hospitals may soon sign similar agreements with governmental medical services or with insurance companies in some Western countries thereby the latter will refer to Thai hospitals patients from these countries, often unable to provide prompt medical treatment, owing to overburdened facilities (Kher 2006).

6. The Consequences of the Growth of Medical Tourism

Since the expansion of medical tourism in Thailand is a recent phenomenon, it may be too early to gauge its long-term consequences on the Thai medical system. Nevertheless, some tentative conclusions seem warranted.

Ironically enough, the growing orientation of private hospitals toward a foreign clientele, and the subsequent upgrading of their facilities and concomitant increase in the price of their services, has been hitting the very social group that constitutes the bulk of their patients: middle-class Thais, who do not want to use the 30-Baht scheme, but increasingly find private hospitals unaffordable (Suebsukcharoen 2006).

Another closely related issue is the "brain drain" that has been drawing highly qualified doctors and medical staffers away from government-run hospitals to private ones, which offer them higher salaries and better working conditions. (Pusaksrikit 2005:1A; Russell 2006; Sukin and Kurz 2006:3A). It has been intensified by the competing interests of the Thaksin government's health policy. One of the main consequences of the 30-Baht scheme has been the increasing demand on the services of governmental hospitals, the main medical service suppliers under the scheme: under-financed and under-staffed hospitals were insufficiently prepared to deal with this new demand (*The Nation* 2006a). The result has been heavier workloads, worsening working conditions and more pressure upon doctors and staff alike without any significant compensation. This situation has been aggravated by the government's efforts to promote Thailand as a "health hub," and encourage the growth of medical tourism, which has created new opportunities for doctors and other medical staff, and caused many of them to resign in pursuit of "better pay and working conditions in private hospitals" (Khwankhom 2006), exacerbating, in the process, the already existing imbalance in the healthcare system between rural and urban areas and between the well-to-do and the poorer strata of Thai society.

How much of it is really due to the growth of medical tourism is hard to gauge and has been a source of divisive debates. Some contend that

"each time a foreigner sees a Thai doctor at 'foreigner prices', he takes away an opportunity for a Thai person to see the same doctor at normal Thai fees. In other words, this program, while presumably bringing foreign capital to [Thai] hospitals, is sucking medical care [away] from ..[Thai] people" (Gerry 2006). On the other hand, it can be argued that, with more than a thousand governmental and private hospitals in Thailand, the relatively few hospitals, which engage in medical tourism, could not have caused a major brain drain. The latter are estimated to be at no more than half a percent of the total medical practitioners in the country. This percentage is probably underestimated; but even if we assume it to be correct, it overlooks an important point: the emergence of medical tourism has caused a significant number of highly qualified Thai doctors who had worked abroad, to return to their country, and take up positions in prestigious, foreigner-oriented hospitals. Investments in medical equipment, training and organization, even if intended primarily for medical tourism, also helps uplift the general level of Thai medicine, which might eventually benefit the population at large.

Another socially significant - though as yet little noticed - consequence of the engagement of Thai doctors in the treatment of foreigners, is the change it has sparked in the hitherto-prevailing doctor-patient relationship in Thailand characterized by the traditionally authoritative role of a Thai doctor, not unlike that of a *kru* ('teacher' in Thai) (17). Doctors treating foreigners find themselves compelled to take a less authoritative and more consultative attitude towards patients. Such changes in the social role of doctors will most likely eventually affect the medical profession as a whole.

Medical tourism may also affect local medical establishments in a more ambivalent area: the experimental treatment of critically-ill patients, with procedures, not yet authorized in Western countries, such as stem cells. Given the prohibitive costs of these procedures, potential demand by foreigners is an important factor in their development. Thailand might, eventually become a world leader in this important emergent field.. Such an outcome would not only further bolster the country's medical reputation, but would also make innovative treatments locally available to ever broader strata of the population.

Conclusion

Medical tourism in Thailand is a lucrative business, developed and promoted for profit, which exemplifies an extreme form of commodification of medicine. In order to attract medical tourists, healthcare establishments had to adapt their services to their needs and preferences; their efforts eventually leading to a lessening of the tension between tourism and hospitalization, and the emergence of a new concept for medical establishments epitomized by hotel-spitals.

Thai medical services have recently acquired an international reputation, attracting a rapidly growing foreign clientele. Treatments in leading hospitals seem to be generally reliable and of a high quality. To attract foreign patients, leading hospitals not only had to raise their medical standards, hiring highly qualified doctors and investing in state-of-the-art medical equipment, they also had to make their establishments more friendly and attractive. This was achieved primarily in five ways: by changing the architecture and interior design of hospitals so as to make them look like high-class hotels; by virtually completely separating indoor public spaces from treatment facilities, so as to eliminate the disturbing sights and smells typically associated with hospitals; by creating a pleasant, cozy atmosphere, through the décor and staff's consideration and prompt response to all requests; by transforming the traditionally authoritative doctor-client relationship into a more consultative one; and by emphasizing non-invasive treatments, and minimizing suffering, through the use of state-of-the-art medical equipment and techniques.

This process of institutional changes has taken place along a growing concern for the specific non-medical needs of the different groups of medical tourists. "Environmental bubbles" for specific ethnic or religious groups have been set up within hospitals and resemble those created by high-class hotels to provide their guests with the familiarity of home in the alien environment of the host society (Cohen 1972). The most comprehensive bubbles are those provided to Middle East Muslim patients, who, to keep the precepts of their religion in the unfamiliar Thai environment, need particular services such as, for example, praying rooms and Halal food (Kurz 2006).

Medical tourism, a novel sector of the Thai medical system, presently embraces only a relatively small, though rapidly growing, number of patients. Indeed, if one removes expatriates and other foreign residents from official statistics, as well as "medicated tourists" who make only incidental use of local medical services during their holidays, the number of those who seek medical treatment in Thailand (Types 3-5), probably does not exceed a few hundred thousands a year. Though small, it is a profitable group of patients who will choose the higher-priced treatments and check-ups offered by the more expensive hospitals; a tendency reinforced by the government's and hospitals' policies designed to attract primarily high-end foreign clients, rather than members of the less munificent, but much larger strata of Western societies (Kittikanya 2006b). This policy has encouraged leading hospitals to introduce ever more expensive, sophisticated equipment and procedures into foreigner-oriented services, making them far less affordable not only to members of the local middle classes, but also to less wealthy foreigners. One positive and likely development is that the medical, institutional and social innovations, which these hospitals have pioneered, will probably bring about changes in the Thai medical system as a whole.

The tendency to focus primarily on high-end foreign patients, a reflection of the Thaksin government's efforts to promote "quality tourism," has exacerbated the gap between foreigner-oriented hospitals and those serving a primarily local clientele. The strong profitability of foreigner-oriented medical business has induced ever more hospitals to cater to medical tourists, even as in the meantime public hospitals find it increasingly more difficult to deal with the growing demand for medical treatments.

With their high-level services in luxurious surroundings, leading foreigner-oriented hospitals, charge substantially higher prices than the more modest local private ones. To the best of our knowledge, explicit double pricing, or price discrimination between foreigners and locals for identical medical services, common in many other tourism services in Thailand, is not practiced in those hospitals. Some hospitals though, seem to employ an oblique form of discrimination, by directing foreign clients to the more expensive services (Reichstetter 2006, Sritama 2006a).

Seeking treatment in Thailand still remains less expensive for many Westerners, even when including traveling and vacationing costs, than it is in the private sector at home (Kher 2006); it is certainly also more prompt and pleasant. However, it has some downsides, starting with the Thai legal system, which, unlike in the West, has weaker tort statutes, making malpractice suits by foreigners against doctors or/and hospitals in Thailand more difficult and defendants less likely to prevail (Lovering 2001). Another drawback is the possibility that uninformed foreigners might be misled by unethical promotional advertisements for medical services, especially on Internet websites (Sritama 2006a). Finally, being treated abroad also raises specific medical issues since upon their return home, it may be hard for patients to have their treating doctors both in Thailand and at home correctly ascertain the post-surgery treatment of the patient.

In the near future, medical tourism to Thailand will presumably develop in five major directions. First, foreigner-oriented hospitals will

increasingly expand their services from medication to the broader field of general healthcare. The rationale behind this policy is simple: relatively few tourists are sick, or need specific medication; but every tourist is a potential client for healthcare services, such as check-ups and wellness treatments. This policy is thus intended to significantly increase the potential clientele for hospitals' services. Second, foreigner-oriented hospitals will increasingly move into the spa and wellness services as they seek to increase their share in the phenomenal growth of these flourishing areas, either by linkage to existing spas, or by establishing their own wellness centers (Sritama 2006). Third, major hospital groups will increasingly fan out into neighboring - and even some further away - countries, in order to provide high-level medical services, not yet available there, to well-off locals and foreign residents (Kittikanya 2006a). Fourth, Western governmental medical services and insurance companies will begin to outsource their patients to Thailand, in order to reduce their costs or shorten their waiting lists, once all necessary legal arrangements have been completed (Cumming-Bruce 2005:5). Finally, a globalized online medical system is emerging. Some American medical establishments have started to outsource diagnostic assignments, for example, X-ray films taken in America, to Thai hospitals, while their patients remain under treatment in the United States (Limsamarnphun 2005). Such patients are, in a sense, "virtual medical tourists." This practice is likely to expand in the future as the development of robotic medical technology will make possible "any kind of operation by robots, controlled by doctors located "10,000 miles away on the other side of the globe" (Sambandaraksa 2007). Thus, the emergence of a fully globalized medical system, in which not only diagnostic, but all kinds of medical procedures might be carried out through the Internet from around the globe, while patients stay at home, may reduce the need for people to travel abroad to receive medical treatment.

Notes

1. Other countries include: Brazil, Croatia, Jordan, Malaysia, the Philippines, Singapore, South Africa, Turkey, and Tunisia. (Connell 2005, 2006; Esnard 2006; Garcia-Altes 2005; Kher 2006)

2. 2002: 630,000 (Pinyorat 2003); 2004: 1,100,000; 2005: 1,280,000; 2006: 1,400,000 expected (Sukin and Kurz 2006)

3. Their number dramatically increased. The two main Bangkok-based establishments reported significant jumps in the last six years (from about 5,000 to 71,000 Middle East patients each) (Kurz 2006).

4. *Moh ya* (traditional healers or "medicine doctors") did not charge for their services. Theirs was "…a complimentary service, rather than a service for sale. As no fee [was] charged, patients had to offer something such as flowers or a small gift". This custom was still reflected, well into the second part on the 20th century, in the reluctance of physicians in private practice to charge their clients directly for an examination or treatment, preferring to charge them obliquely, by including their fees in the price of medicines (Panich 1997:78).

5. In 1999, the first health travel mart to promote the country's healthcare services to tourists was organized (Jirasakunthai 1999); the Tourism Authority of Thailand also started to promote medical tourism abroad, as a new export niche; "Thailand Health Expo 2004" and a round of talks with 80 foreign tour operators and representatives of medical establishments were to follow a year later (Sritama 2004).

6. Which, in addition to cosmetic surgery, included cosmetic dentistry, cosmetic dermatology, hair transplant and laser surgery (Russell 2006).

7. An "advertorial" by a company called "THAI StemLife," claimed in a recent promotional publication that "Thailand is increasingly at the cutting edge of medical care and one of the most exiting areas in which this trend is evidenced is that of stem cell research, development and services to patients" (*Health Boom* 2006:xii). Packages are offered, substantially reducing fees " (*Health Boom* 2006:xii). Such advanced developments may appeal to foreigners, not only for their easy availability, but also for the relatively low costs.

8. For example, *Healthy Family Season*, a brochure from the Bangkok Hospital Pattaya (2006), offers a range

of check-ups, ranging from $87.00 for a "basic one" to $1,100 for a "Grand Executive".

9. Listed on the Stock Exchange of Thailand since 1989, it now includes investors from Singapore and the United Arab Emirates and is presently one of the largest private hospitals in Asia. It is currently engaged in expanding abroad. Apart from acquiring a stake in Manila's Asian Hospital, it has "formed a joint venture […] to build a hospital in Dubai" (Kittikanya 2006a)

10. Five years later, in 2005, 450,000 foreigners were already treated by the hospital. Their numbers are expected to rise to about 500,000 to 550,000 in 2007, and will constitute about half of the total number of patients served by Bumrungrad International (Kittikanya 2006a).

11. Most notably on the islands of Phuket and Samui. In 2005, the hospitals in the Group, "treated about 10,000 foreign outpatients a day, with the number expected to increase by about 30% this year [2006]" (Kittikanya 2006c).

12. In 2006, it opened a five-star, 30-bed hospital, in Cambodia, its first venture abroad (Ekvitthayavechnukul 2006; Kittikanya 2006e), and will soon be opening a facility in the United Arab Emirates (the Bangkok Post 2008).

13. Established in 1972 as a local hospital, it has been increasingly focusing on foreign patients and, to that end, added the sparkling new Bangkok International Hospital on its premises (Rungfapaisarn and Pusaksrikit 2004).

14. The *Bangkok Phuket Hospita,l* established in 1995 in Phuket town, most closely approximates the "hotel-spital" model. It features a broad array of specialized medical centers and has established a diving center, which is allegedly the only place in the South that provides a Hyperbaric Oxygen Chamber. On the other hand, the *Phuket International Hospital* prefers to focus on medical treatment and advises foreign patients to make by themselves the logistic arrangements for their visits. Established in 1982 as a local small-scale hospital, it currently has only 90 beds.

14. Bumrungrad, for example, teamed up with Thai Airways in 2001 in a promotional campaign for medical tourism (Lovering 2001).

15. In 2003, the Phuket Health and Travel company, an "offshoot of Bangkok [Phuket] Hospital" was established, "providing health-related programs incorporated with customized leisure tour package[s]" (Jariyasombat 2003a). However, this company was short-lived, and the Bangkok Phuket Hospital later on initiated another form of representation and promotion abroad.

16. The Bangkok Phuket Hospital similarly engaged a single agent in Sweden, a country with which it has been having close relations since the tsunami; the agent provides advice to potential clients and takes care of their travel arrangements.

17. Thai patients, like pupils, are expected to follow passively "doctor's orders." Foreigners are far less willing to consent unquestioningly to such orders, or take medicines whose effects they ignore.

References

Arokhaya, [2005]: "Thailand…a Hub of Asia's Health Services," *Thaiways*, 22(5): 42-48.

Ball, D.A. 1971: "Permanent Tourism: A New Export Diversification for Less Developed Countries," *International Development Review*, 13(4): 20-23.

Bangkok Phuket Hospital n.d.: *World Technology with Thai Hospitality*, (brochure).

Bangkok Post, 2005: "Thailand 'is a Mecca for Treatment'," *Bangkok Post*, 10 December: Sec. 1, p. 5.

Bassett, P. 2002: "Health Check, Please," *Sawasdee*, 31(6): 14-17.

Cohen, E. 1972: "Toward a Sociology of International Tourism," *Social Research*, 39(1): 164-182.

_____2005: "Tourism and Disaster: The Tsunami Waves in Southern Thailand,: in Alejziak W. and Winiarski, R. (eds.) *Tourism in Scientific Research*, Kraków-Rzeszów: Academy of Physical Education in Kraków-University of Information Management in Rzeszów, pp.81-114.

_____2007.:"Tsunami and Flash-floods – Contrasting Modes of Tourist-related Disasters in Thailand, *Tourism Recreation Research*, 32(1): 21-39..

Connell, L.J. 2005: "Medical Tourism: The Newest of Niches," *Tourism Recreation Research*, 31(1): 99-102.

Cumming-Bruce, N. 2005: "A Thai remedy for High Health Costs," *International Heral Tribune*, 28 July: 1,5.

Edey, C.: "Bumrungrad Hospital: Five Star Healthcare in Thailand," *Thailand Opportunities*, 1(7): 76-78.

Ekvitthayavechnukul, Ch. 2006: "Local Hospital Firm Expands to Siem Reap," *The Nation*, 1 August: 1B.

Esnard, L. 2006: “Le boom de la chirurgie á prix réduit,” *Téoros, Revue de Recherche en Tourisme*, 24(3): 25-29.

Garcia-Altes, A. 2005: “The Development of Health Tourism Services,” *Annals of Tourism Research*, 32(1): 262-266.

Gerry 2006: “Promoting Healthcare for Foreigners Takes Sorely Needed Doctors from Local” [letter to Editor], *The Nation*, 22 May: 9A.

Graburn, N.H.H. 1977: “Tourism: The Sacred Journey,” in V.L. Smith (ed) *Hosts and Guests*, Philadelphia: University of Pennsylvania Press, pp. 17-31.

Health Boom [2006]: “The Better Health Boom,” *Bangkok Post Publication*, [6 May 2006].

Horayangura, M. 2005: “Heart Break,” *Sawasdee*, 34(4): 16-19.

http://www.icep.org.tr: “Come to Turkey for Medical and Dental Treatment,” ICEP: International Cultural Exchange Programs Scholarship Foundation.

Jariyasombat, P. 2003: “Hospital Affiliate Eyes Health Tours,” *Bangkok Post*, 7 August: 3.

Jirasakunthai, Ch. 1999: “Health Takes Centre Stage in Thai Tourism” *The Nation*, 28 October: B3.

Jongudomsuk 2005: “Health Care System in Thailand: Reforms towards Health Promotion,” Paper, 6th Global Conference on Health Promotion, 7-12 August 2005, Bangkok

Kher, U. 2006: “Outsourcing Your Heart,” *Time*, July 31, 168(5):47-51.

Khwankhom, A. 2004: “Tourists Coming for Treatment to Cross 1-million Mark This Year,” *The Nation*, 2 October: 2A.

_____ 2006: ”Bt30 Health Scheme Still Lacks Funds, Says Official,” *The Nation*, 14July: 2A.

Ki Nan Tsui 2007: Bumrungrad Golf Clinic to Tee-off Mid-year, *The Nation*, 26 February: 3B.

Kittikanya, Ch. 2006a: “Bumrungrad Plans Global Expansion,” *Bangkok Post*, 3 April: B4.

_____2006b: “Government Help Needed to Unleash Booming Growth, Say Experts,” *Bangkok Post*, 19 May: B10.

_____2006c: ”BGH Unit Targets 30% Growth despite Economic Slowdown,” *Bangkok Post*, 14 July: B12.

_____2006d: “Phyathai Sings to Win the Teen Hearts, *Bangkok Post*, 26 July: B10.
:
_____2007a: Hospitals Weigh Blast Impact, *Bangkok Post*, 10 January: B3.

_____2007b: Samitivej Srinakarin to Open First Private Medical Centre at Airport, *Bangkok Post*, 26 February: B4.

Kurz, S. 2006: “Hunt for Arabic-speakers,” *The Nation*, 22 July: 2A.

Lilakul, Ph. 2005: “’60 Minutes’ Appearance Triggers Flood of Interest”, *The Nation*, 16 May: 3A.

Limsamarnphun, N. 2005: “Outsourcing Goes Hi-tech for Thai Healthcare Industry,” *The Nation*, 4 December: 7A.

Lovering, D.2001: “Cut-price Surgery in the sun,” *Bangkok Post, Horizons*, 20 September: 3.

Lueng-uthai, P. 2007: Hospital’s New Electronic Service, *The Nation*, 19 January: 4B.

Ongdee, S. 2003:”The Future Is in ‘Hotel-spitals’,” *The Nation*, 30 June: 2B.

Panich, V. 1997: “Science and Technology in Thailand’s Health Sector” in Yuthavong, Y. and Wojcik, A. M. eds. *Science and Technology in Thailand: Lessons from a Developing Economy*, NSTDA/UNESCO Publishing, pp.73-93.

Phongpaichit, P. and Baker, Ch. 2004: *Thaksin: The Business of Politics in Thailand*, Chiang Mai: Silkworm Books.

Pinyorat, R.C. 2003: “1 Million Patients a Year Sought,” *The Nation*, 29 August: 2A.

Phuket International Hospital 2004: :*Healthy Living in Phuket*, Phuket: Phuket International Hospital.

Pratruangkrai, P. 2006: “Saudi Health Scheme Inked,” *The Nation*, 20 May: 2B.

Pusaksrikit, Th. 2005: ”Hospitals Compete for High-end Patients,” *The Nation*, 6 March: 4A.

Reichstetter, K. 2006: “Double Standards at Hospital [letter to Editor],” *Bangkok Post*, 3 June: Sec. 1, p. 9.

Ross 2001: “Medical Check-ups on the Run,” *Bangkok Post, Horizons*, 6 September: 3.

Rungfapaisarn, K. 2003: “Foreign Patients List Grows,” *The Nation*, 11 March: 2B.

_____ and Pusaksrikit, Th. 2004: “Hospital Expands for Foreign Patients,” *The Nation*, 7. June: 1B.

Russell, C. 2006: “A Kinder Cut,” *Bangkok Post*, 27 April: O1.

Sambandaraksa, D. 2007: Under the Robotic Knife, *Bangkok Post*, 28 February: D1.

Siripunyawit, S. 2005: “Never Missing a Beat,” *Bangkok Post*, 26 December: B11.

Sritama, S. 2004: “Expo Aims to Promote Niche,” *The Nation, 20 September*: 2B.

_____2006: ”Checks Needed to Curb Excesses of Medical Tourism,” *The Nation*, 26 April: 4B.

Suebsukcharoen, N. 2006: “Health-care Costs a Financial Headache,” *Bangkok Post*, 23 October: B10.

Sukin, K. and Kurz, S. 2006: “Lucrative Healing Touch,” *The Nation*, 21 May:1A, 3A.

Taemsamran, J.: 2005: “New Breed of Tourists,” *Bangkok Post*, 16 June: H1, H5.

Tawichai, Th. and Antaseeda, P. 2002: “Thai Medicine Takes on the World,” *Bangkok Post*, 9 June: 3.

The Nation 1998: “Drams of Sex-change Come True in Bangkok” *The Nation*, 28 November:A3.

The Nation 2006a: “Medical Hub-plan Could Hurt Health,” *The Nation*:13 February: 9A.

_____2006b: “Hospital in Hospitalty Tie-up,” *The Nation*, 2 March: 1B.

Yuasa, Sh. 2005: “Asian Hospitals Cashing in on ‘Medical Tourism’,” *Bangkok Post*, 28 November: O5.