



## HEALTH TOURISM AND CONCEPT COMPLEXITY OF HEALTH TOURISM IN TURKEY

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**Abstract:** Health tourism that has recently been discussed much is a service-based sector included in the strategy documents of the 10th Development Plan of the Turkish Republic and the Ministries and attached importance by the state. There has been no sufficient scientific evaluation on this area of investment concerning important institutions and organizations such as the Ministry of Culture and Tourism, Ministry of Health, Ministry of Energy and Natural Resources, Department of Finance and Turkish Industry and Business Association. Furthermore, various meanings are attributed to terms in official documents regarding scientific studies in the related Turkish literature and thus, there is no consensus on the terms used. This study aims to identify health tourism by compiling basic data about health tourism, summarize perception of health tourism in the literature and regulations of Turkey, clarify the terms that are widely used and produce information for managers at different levels.

**Keywords:** *Health tourism in Turkey, medical tourism, health tourism terms.*

## Introduction

Human being has been in mobility on earth due to several reasons since his existence. One of the most important activities within this mobility is tourism activities. As defined by the United Nations World Tourism Organization, “tourism refers to visitors’ activities and the visitor refers to those who visit a place with the intention of a vacation, business or a different objective except for finding a job and stay for a while not exceeding a year period” (United Nation, 2010:10). Although this definition was made to collect statistically correct data, no definite term is used by all states and the definitions are not exactly the same as approved by the provinces in America sample. In shortest definition, tourism, which originates in France is recreation, entertainment, seeing and identifying a place (tdk.gov.tr, 2019).

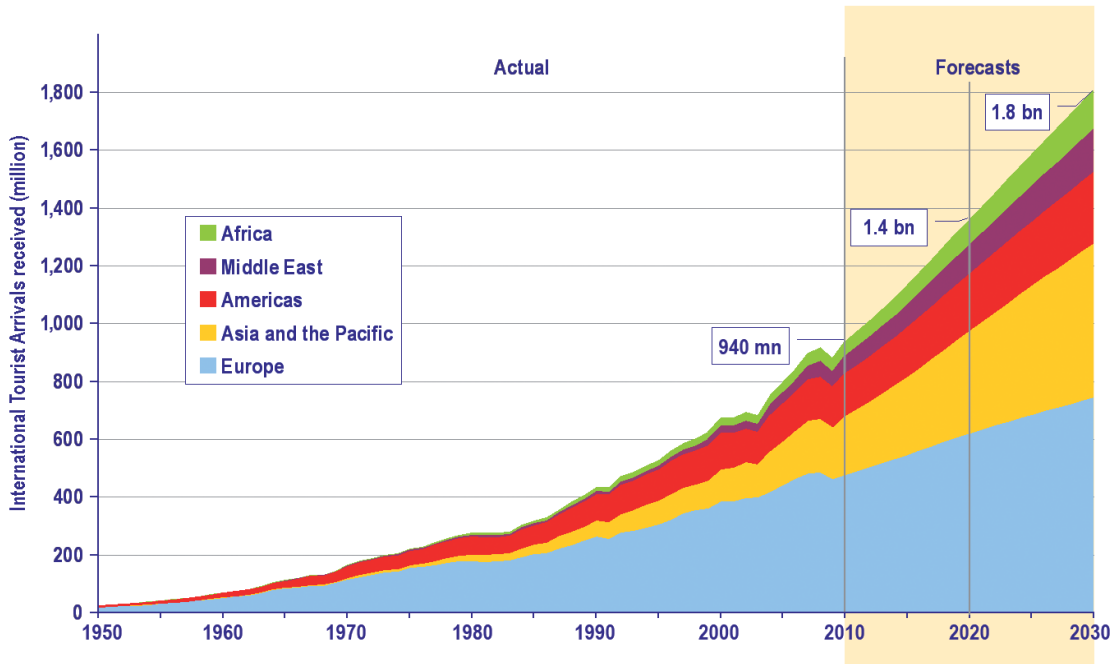
Tourism activities intended for seeing new areas, gaining new experience, making profits or getting healthier have reached to peak by organizing business life and creating spare time, thanks to increase in income levels as well as advanced transportation and communication technologies of the 20th century unlike in the past. According to the data from the United Nations World Tourism Organization, the number of tourists was 25 million in 1950 while it reached 671 million in the first half of the year 2019. This number is 30 million more than the previous year and the second half of the year 2019 is expected to complete at an increase of 3-4% compared to the previous year. A similar case was in 2014 and 2015; the number of international tourists was 1.138.000.000 and this increased 3% in 2015 (www.media.unwto.org,2019). Based on the number of international tourists, on average, almost one out of six people in the world travels internationally once a year as of the year 2018.

Another reality for tourism is that individuals set off to serve themselves in tourism activities. Personally beneficial outcomes such as relaxation, entertainment, recreation and raciness, and keeping healthy that are expected results of tourism are attached importance. Even culture tourism which offers relaxation through a delightful learning process is an example to providing personal benefits (Connell, 2006:1093). Providing these benefits is related to income level. For instance, strong dollar allowed America to settle to the second rank in overseas traveling as of 2019, while China with an excessive numbers of millionaires of dollars ranked first. On the other side, Middle

East countries among other regions visited, ranked first with an increase of 8% compared to the same period of the previous year. On this basis, we can say that tourism activities are related to income status of societies. Considering these facts, tourism activities are predominantly organized between the states that have equal economic power or ranging from developed countries to developing countries. The graphic including the estimations for the year 2030 prepared by the World Tourism Organization better shows the past, present and future expectations of the global and immense worldwide mobility of human.

This enormous mobility resulted in sharing a total of 6% export revenue of approximately 1.4 trillion dollars in 2013 in the global scale by the states of the world (unwto, 2014:2). Another important anticipation is that the shared income in the global scale as of the year 2020 will walk up to 2 trillion dollars. In this way, tourism which is also accepted as a source of hot money for developing countries is attached importance. In fact, 9% of the world's total product is related directly or indirectly to the effect of tourism (unwto, 2014:2).

In an old report, while Turkey was expected to have a share of 6.7% regarding its share in the number of international tourists, its income share was expected to realize at 5.7% (unwt, 2014:8). This makes health tourism which has the potential to make higher revenue receipt from tourists be more attractive in Turkey. This is because there will be more hot money flow into Turkey which already has tourism potential through surgical operations that can be performed in a short while. In this context, there is mobility in tourism sector as well as alternative tourism elements.



**Graphic 1. World Tourism Organization 2030 Tourism: Current trend and forecast 1950-2030 (UNWTO,2014:14)**

Getting higher shares from the revenue requires better responding to tourist expectations, a good introduction of the country, introducing and marketing the current tourism potentials to foreign markets. Especially the understanding of holiday started to change in Turkey with the change of tourist expectations in Turkey as of the 1990s. Becoming more evident, new expectations of tourists are “being far from the triangle of sea, sand and sun, a good room in the facilities that are not exaggerated and in touch with nature, good service, an intact and clean environment foremost among them and an efficient holiday” (Yalçındağ, 1994:44).

The Ministry of Culture and Tourism in Turkey supports alternative tourism activities within the Law 2634 for the encouragement of tourism. Turkey started its comprehensive incentive policies in tourism with the Law 2634 dated 16.3.1982 published in the Official Gazette numbered 17635. These incentives were land allocation for tourism investments, employing foreigners, communication facilities, differential treatment to exporters and tourism credits. Incentives such as VAT exception, investment allowance, full customs exemption and tax reduction for personnel of tourism were and are still provided (Sağlık Turizmi Derneği ve Türkiye Sağlık Vakfı, 2010:10).

Based on the data of tourism, there has been a global increase in tourism revenue since 1950 and health sector is another one that has been witnessed to have a global increase in demand. According to the 2010 data of the World Health Organization, health expenses were 6.5 trillion dollars in global scale and these were 948 dollars per capita (who.int, 2015). This was 4380 dollars per capita in the countries of Organization for Economic Co-operation and Development (OECD countries). These data are sufficient to see the size of the sector; however, an amount over 100 billion dollars which is spent for health globally is spent for manpower training. For execution of services for fight against AIDS, malaria, tuberculosis and vaccination only at least 4.2 million health care personnel are needed (who.int, 2015).

The idea of applying a general health insurance was adopted in many countries. This makes countries search for a health care financing model in which access to a comprehensive, more equal and efficient health service for the public. However, existence and maintenance of these systems financially bring along high premium payments. On the other side, access demand of those with higher income status to better health services contributes to the development of the private insurance and health care services. Besides the demand of insurance against possible health issues that can be encountered in countries visited in today's world where human mobility has increased, compulsory health insurance imposed by the visited countries have caused health services to be globally commercialized and required.

### **Health Tourism**

Since the existence of human being, health tourism has existed in a way to provide people with therapy in an area away from the settlement, benefiting rehabilitation services, keeping fit through natural resources and benefiting similar facilities.

Nonetheless, today, it is an industry where tourism and health sectors meet and there is a kind of exportation that yields revenue to countries and creates new areas of employment. The main hypothesis asserted regarding the generation of health tourism in today's understanding is to respond to health service demands by developing countries due to patients' long waiting periods in developed countries and high costs of health services. Even though this idea is partly right, it is much lacking. These reasons are more appropriate for medical tourism which is a subbranch of

health tourism. The followings are deemed among the reasons of existence of health tourism in the report prepared by the Health Foundation of Turkey:

- Getting rid of long waiting periods for patients
- Getting more quality services in a shorter while
- Reaching high health technologies
- Decreasing health service costs
- Unwillingness of chronic patients and old people or persons with disabilities for participating other settings and getting treatment
- Willingness of drug and other types of addicts for being in a different or more appropriate settings
- Desire for traveling and making cultural visits as well as getting treatment
- Desire for holding on to life and desire to live (Sağlık Turizmi Derneği ve Türkiye Sağlık Vakfı, 2010:12).

There are other arriere-pensee apart from these factors within health tourism. Health tourism is benefited when a country, based on its laws, does not allow people to sex change or illegal organ transplantation which is totally illegal and unethical.

Development of hospital tourism that has an important place in health tourism and medical tourism which is defined with concepts such as medical tourism increases investments. Advanced technology can be utilized in the third step health services using budgets allocated for basic health services for the citizens of developing countries in order that medical tourism can progress (De Arellano, 2007:193).

- General Status of Health Tourism in Turkey:

Health tourism appeared as the subject of health tourism and tourist health taking part under the protective and basic health services in strategic plan of the Ministry of Health including the period of 2010-2014. Moreover, giving support to thermal tourism and medical tourism within the scope

of this plan was considered one of the strategies of making Turkey a center of attraction in delivery of health care. As a strategic aim, without being spoken out, health tourism was mentioned under the heading “providing necessary health services in a safe and quality way” (Sağlık Bakanlığı, 2010:13). Within the framework of the Tourism Strategy of Turkey 2023 prepared by the Ministry of Culture and Tourism, the health tourism and thermal tourism were included under the title of “Tourism Diversification and Strategies” and added in the “Activity Plan for Tourism Strategy of Turkey 2007-2013” among the targets.

While these developments are observed in strategic plans, other positive developments also came around regarding financial feasibility of the business. Government agencies (ministries) carrying out studies on the “Health Tourism” in August 4, 2010 by the Prime Ministry Undersecretariat of Foreign Trade General Directorate of Export brought together the NGOs and sector representatives and the parties and reported they would support “Health Tourism” and work for its presentation abroad. The representatives of the Ministry of Health were mentioned in the Ministry of Health Activity Report 2010 (Sağlık Bakanlığı, 2010:30).

The “Health Tourism Development Program” action plan included in the primary conversion programs of the 10th Development Plan (2014-2018) comprises the “Development of Institutional and Legal Infrastructure of Health Tourism”. The Health Tourism Coordinating Council was established with the circular published in the Official Gazette on February 7, 2015 by the Prime Ministry for developing this organizational structure. According to the circular, the council consists of representatives at general manager level from the Ministries of Family and Social Policies, Labor and Social Security, Foreign Affairs, Economy, Development, Culture and Tourism and Health besides Turkish Cooperation and Coordination Agency, Turkish Union of Chambers and Exchange Commodities, Foreign Economic Relations Board and Higher Education Council. Some of these ministries have been removed and some have been associated.

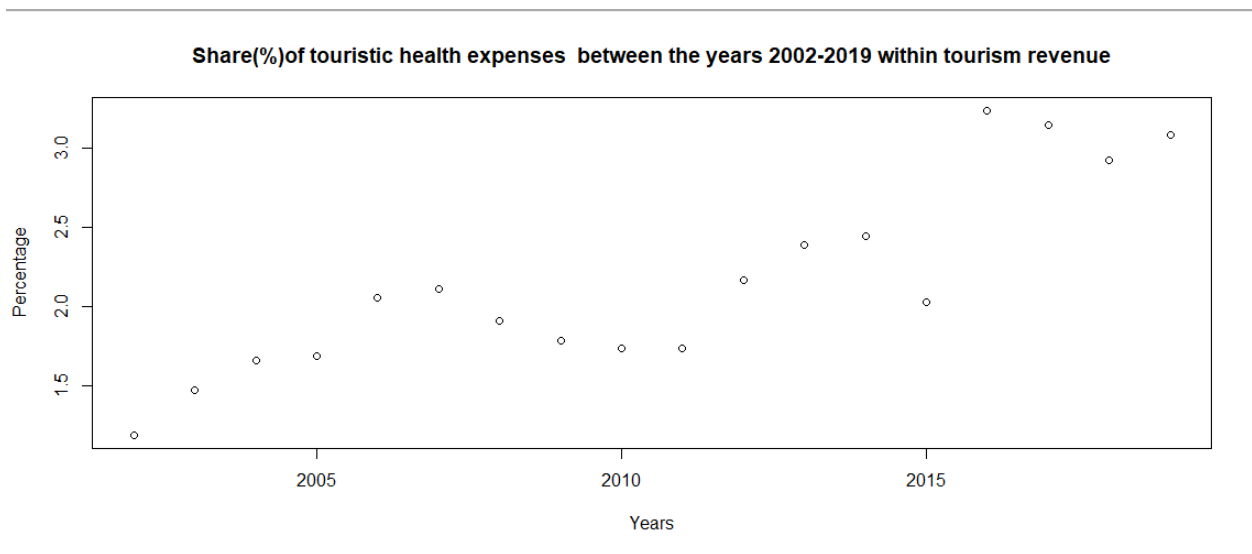
One of the main objectives through all these reorganizations with strategic documents is to increase national income and live in welfare using the potential that Turkey holds. In this regard, considering tourism revenue, the size of health revenue in it, share of tourism revenue in the Turkish export and the current account deficit amounts will let us see the general picture as a whole.

**Table 1. Tourism and Export Revenue of the Republic of Turkey between the years 2002-2018 (tuik.gov.tr, 2019)**

Years	Total Tourism Revenue	Export Revenue	Ratio of Tourism Income to Export Income (%)	Current Account Deficit
2002	12420519	36 059 089	34.4	15 494 708
2003	13854868	47 252 836	29.3	22 086856
2004	17076609	63 167 153	27	34 372613
2005	20322110	73 476 408	27.7	43 297743
2006	18593950	85 534 676	21.7	54 041498
2007	20942500	107 271 750	19.5	62 790965
2008	25415067	132 027 196	19.2	69 936378
2009	25064481	102 142 613	24.5	38 785809
2010	24930996	113 883 219	21.9	71 661113
2011	28115693	134 906 869	20.8	105 934 807
2012	29007003	152 461 737	19.2	84 083 404
2013	32308991	151 802 637	21.3	99858613
2014	32310424	157 642 154	21.8	84566959
2015	31464777	143 838 871	21.9	63395487
2016	22107440	142 529 584	15.5	56088651
2017	26283656	156 992 940	16.7	76806711
2018	29512926	167 920 613	17.6	55126481

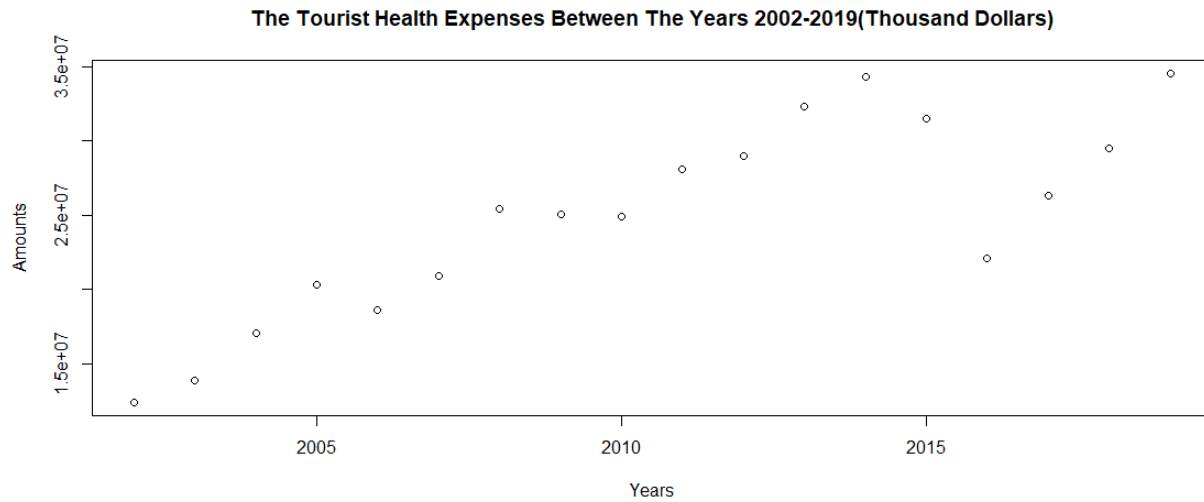


A tourism based economy brings along economic risks and vulnerabilities in an area like Turkey where there is uncertainty and global intrigues. From this point of view, it is a positive progress that while tourism revenues are increasing they are relatively low to export revenues. The graphic including the health expense made by the tourists, its share in tourism and the progress that share within years provides summarized information about the health tourism.



**Graphic 2. Share (%) of touristic health expenses between the years 2002-2019 within tourism revenue (Source: tuik.gov.tr, 2020)**

Health expenses made by the tourists in Turkey provides information about the course of health tourism. Health expenses made by the tourists are as follows.



**Graphic 3. The tourist health expenses between the years 2002-2019**

Graphic 2 and 3 shows that there is an increase in tourism revenue in general, but the increase in health tourism revenue shows parallelism with tourism in fact. While tourism revenue constitutes the data, the increase in health expenses of tourists only shows that health tourism has moved forward. Compared to other sectors in revenue items, tourism is successful when health revenues are relatively evaluated, however, Turkey falls behind the targets at health tourism. Although its share in tourism revenue increased from 1.19% in 2002 to 3.08% in 2019, the desired rate is higher.

The International Patient Support Unit established in July 2011 within the scope of the Health Tourism Coordinator of the Ministry of Health in Turkey renders service for the calls in foreign languages made through the Ministry of Health Communication Center lines 112 and 184, and interpretation service is provided through teleconference for foreign patient practices to both public and private sectors. 444 47 28 is the direct communication number. When it was first established, a total of 847 calls were answered in English, German, Russian and Arabic languages. The number of calls incoming in a ten months period by November 2014 was 50152 and the service continued in six languages by adding French and Persian (saglikturizmi.gov.tr: 2015).

According to the data of the year 2017, the total number of physicians is 149997 in Turkey and the number of physicians is 186 per 100000 persons. The number of dentists is 27889. Considering that the total number of physicians is 149997, the number of specialist physicians in Turkey

(80951) should be regarded since the breakthroughs of the country in health tourism requires specialist physicians such as cardiovascular surgeon for cardiovascular operations that are intended for presentation to the tourists. The number of physician assistants is 24397 (Sağlık Bakanlığı, 2018:215-218). Thus, the number of specialist physicians in Turkey can be expected to be 100.000 by 2020. Differences in regional distribution of sickbeds have considerably reduced compared to previous years, they still continue, though (Sağlık Bakanlığı, 2018:113-120). Although the total number of hospitals in Turkey is 1518 in 2017 and the bed capacity is 225863, the number of qualified beds is 127347 and 32147 of them belong to private hospitals (Sağlık Bakanlığı, 2018:114). Private sector is important in health tourism in Turkey. This sector has an significant sources for health tourism with the number of employed specialist physicians and the number of qualified beds.

The Ministry of Health provides support to health tourism and the Department of Finance apply facilitative measures. However, the lack of encouragement for scientific reporting of the sector according to the records of the Ministry of Economy shows that the case has not been approached as it should be in terms of scientific consultancy. Health tourism is included in the supports for activities for the inflow of foreign currency in the service sectors supported by the Ministry of Economy including road support for patients, search engine support, organization support, overseas unit support (ekonomi.gov.tr, 2015). Tax reduction is provided for businesses offering services to foreigners not settled in Turkey in accordance with the Department of Finance Corporation Tax Law General Communiqué published in the Official Gazette in December 31, 2012. The statements are as follows: “It was judged that 50% of the profits obtained exclusively from the activities of the companies operating in education and health care services and providing services to non-resident people in Turkey can be deducted from the income statement of the institution being subject to the permission and supervision of the related ministry regarding service business operating in architecture, engineering, design, software, medical reporting, accounting record keeping, call center and data storage services provided in Turkey and benefited exclusively abroad for those non-residents of Turkey but have legal business and headquarters abroad, to be applied as of 15/6/2012 with clause (ğ) added to the 10th article of the Corporate Tax Law No. 6322. It is possible that enterprises dealing with health tourism benefit from the reduction on condition that they are accredited by the Ministry of Health.” (resmigazete.gov.tr, 2015).

No matter how much Turkey mentions that it has neighborhood with Europe, Middle East and Central Asia, there has been an improvement in many neighbor countries' medical tourism which has an important place in health tourism. The year 2013 was declared as the year of health tourism by Hungary (Connell 2006:1095). The Minister of Health of Iran evaluates it in terms of costs and mentions that a cardiovascular operation costs 40.000 USD in England, 18.000 USD in Turkey and 10.000 USD in Iran and after the treatment, patients can easily go on a tour of the country (Persian journal, 2004).

There are around 1500 geothermal resources in Turkey that locates in the seismic belt between 20 and 110 centigrade. The information shared by the Ministry of Health for thermal tourism in Turkey which is rich in terms of thermal tourism is as follows: "There are around 190 thermal springs in 46 provinces of Turkey. The number of beds of 12 facilities having tourism investment license is 2347 and the number of beds of 30 facilities having tourism operation license is 8567 from the Ministry of Culture and Tourism. There are 156 facilities with approximately 16.000 beds certified by the local government." It is expected to expand to 200.000 bed capacity in the medium term and to welcome 15 million of thermal tourists in the long-term targets in Turkey (saglikturizmi.gov.tr, 2015). Considering that the stay duration is 21 days for average cures and the resources are used with full employment, reaching at least 50.000 bed capacity is a long-term target.

- Risks for Health Tourism:

The risks that exist in the nature of tourism in general sense will be a risk factor for health tourism too. One of those risks is hard tourism. It is known that a tourist carries his/her expectations and hopes in his/her country, so causes changes in the new environment; thus, this phenomenon is known as "hard tourism" (Yalçındağ, 1994: 43). There are different demands by requests and affecting satisfaction for the claimants of health services including that cooks learn their food cultures, the health care personnel speak their languages, and care for certain practices regarding their religious beliefs. That collective tourism generally appeals to developed country markets allows factors gain importance in favor of the countries.

On the other hand, tourism is fragile in the face of unwanted events. It was anticipated that SARS

epidemic emerging in the Far East caused shrinkage in the gross domestic products of many countries and a global financial loss of 40 billion USD in total (Lee et al., 2004:103). If the security of a country becomes questionable due to terrorist attacks, epidemics, chemical, biological, radioactive and nuclear incidents that a country may face, all of its investments may become futile. The distribution of health personnel in a country is expected to be in accord with health needs.

However, employment of more health personnel is necessary to meet demands in cities having international airport as part of medical tourism and in cities having much hot water supply as part of thermal and mineral springs that are one of the main components of health tourism. The main subject here is to answer the question whether the trained manpower of health should primarily be used for health needs of the citizens of the country in question or employing abroad demand-oriented employment. This fact should be considered in detail for those making high level plans. As incorrect planning could trigger unrest in a country, it could also make foreigners get unsatisfied from the services provided.

## **2. Materials and Methods**

Population of the study consisted of legal documents of Turkish bureaucracy, official reports and publications in Turkish literature. Examination of the terms regarding health tourism mentioned in those resources were supposed to be sufficient for this descriptive study. The terms of health tourism and the meanings ascribed to the terms were used as a method.

## **3. Findings**

### **3.1. Conceptual Perception of Health Tourism in the Official Gazette in Turkey**

According to the publications of the Official Gazette of the Republic of Turkey, the concept of “Health Tourism” in “Tourism Foundations and Qualifications Regulations” dated August 21, 1979 (resmigazete.gov.tr: 2015). The description related to the health tourism facilities also takes place in Official Gazette named “Tourism Foundations and Qualifications Regulations” dated January 16, 1980. Based on this description, health tourism facilities are the units where one or more types of practice are performed together under the supervision of a physician for treatment and protect human health in the form of massage and physical education by thermal spring,

drinking water, sea water, mud and similar substances or by respiratory tract or with electrical and other mechanical equipment (resmigazete.gov.tr: 2015).

The memorandum of understanding signed with Kuwait in September 25, 1985 and published in the Official Gazette dated November 29, 1985 has become the first memorandum to declare that Turkish side was ready to establish health tourism facilities with the participation of Kuwait and ready for common international initiatives in health tourism (resmigazete.gov.tr: 2015). The thought of collaborating in this area for the second time was published in the Official Gazette dated August 29, 1987 with the Turkey-Iraq Mixed Economic and Technical Cooperation Committee Memorandum of Understanding of the 7th Term Meeting held between 13-16 April 1987. Considering memorandum of understanding regarding these collaborations, health tourism is deemed as a sub element of tourism by some people, which may have importance. However, this seems to have health area and international relations dimensions. Furthermore, the headings in the memorandum of understanding published in the Official Gazette dated December 19, 1988 for the collaboration with Kuwait were specified as tourism and health tourism.

According to the Official Gazette records, certain budget was allocated as “Health Tourism Center Reorganization Project” in the budget for the Ministry of Tourism in the Budget Act for the first time in 1991. Including health tourism in the plans and targets of the government program announced in 30.06.1991 in the Turkish Grand National Assembly by A. Mesut Yılmaz, the Prime Minister at the time published in July 6, 1991 showed that health tourism focused on health components and started to be perceived in this way. Furthermore, health tourism was sometimes mentioned under the heading of tourism and sometimes under the heading of health tourism at that time and thereafter.

All these publications reveal that the Republic of Turkey is aware of health tourism, but health tourism in those days was predominantly perceived as an activity of tourism. The first sample regarding the change of perception was seen in the “Second Term Memorandum of Understanding of the working group formed within the scope of Intergovernmental Mixed Economic Commission between Turkey and Norway” (resmigazete.gov.tr: 2016). At this date, for the first time, health tourism was mentioned under the heading of health instead of tourism in a text on international collaboration. This perspective will manifest itself with encouragement declaration of common

projects in health tourism in the 5th article of the “Collaboration Agreement in Health and Medicine between Israel government and the Republic of Turkey” in April 24, 1995, presentation of health tourism under the heading of health and medical field in the “Collaboration Agreement in Health and Medicine between the Republic of Turkey and the Republic of Uzbekistan” published in the Official Gazette dated January 10, 1998 and its enunciation with health and medical field in the 4th article of the same agreement (resmigazete.gov.tr: 2016). All these evidences prove that health tourism, rather than being a branch of tourism, is considered as a field close to health and medicine.

It will be fair to say that tourist health was included in the plans mentioning the development of tourism health and health tourism centers together in the 2000 program published in the Official Gazette on November 21, 1999.

One of the improvements that can be deemed as a milestone is the meeting note of the agreement signed in Simferol on September 18, 2005 published in the Official Gazette dated December 27, 2005. Another is the statement “developing health tourism by using the potential of health tourism facility in Crimea” in accordance with the provisions of agreement of friendship and cooperation signed in May 4, 1992 and Cultural Cooperation Agreement signed in November 27, 1996 between Turkey and Ukraine. And it is the development of health tourism of Turkey in Crimea in accordance with the agreement signed with Crimean Autonomous Republic (Ukraine) in 2005. With this agreement, Turkey was mentioned to develop health tourism of another region aside from its own land for the first time. Currently, Crimea is located within Russia Federation and Turkey and Russia are in good relationship of tourism (resmigazete.gov.tr: 2019).

Making regulations for the development of health tourism practices and establishing coordination with the institutions were declared as the duties of the General Directorate of Health Services within the scope of “Legislative Decree on the Organization and Functions of the Ministry of Health and its Affiliates” dated November 2, 2011.

According to the definition of health tourism made within the scope of the “Regulation on the Qualifications of Tourism Investments and Enterprises” dated 21.11.1991, health tourism is to provide service under the eye of qualified personnel in order to protect and rehabilitate with

treatment the environment and human health with natural resources (resmi gazete, 2015). In this regard, the activities to be made with only nature and environment were included in health tourism. According to the “Directive on Health Services to be provided within the scope of health tourism and tourist health” to be put into effect with the approval of the Minister dated 23.07.2013 and numbered 25541, health tourism means to travel from settled country to another for any reason to regain and improve health (saglik.gov.tr: 2018).

### **3.2. Concept Complexity of Health Tourism in the Literature**

The United Nations Statistics Commission published the “International Suggestions for Tourism Statistics in 2008”. This publication was prepared with the revision and adaptation of the International Suggestions for Tourism Statistics prepared in 1993 and published in 1994 in regard to the 53rd period of the United Nations Statistical Commission of the year 2004. Description of visitor was made in the 13th page of that publication and the visitors over 24 hours were defined as tourists (unstats.un.org, 2010:13). This definition is considered in both academic circles and the meetings of non-governmental organizations in Turkey and the necessity of staying more than 24 hours in another country is considered as a condition for health tourism. However, the opinion that this will not be a correct understanding in health tourism comprising health practices, was underlined in the Processes and Intermediary Institutions Research Report in Health Tourism published by the Ministry of Health (saglikturizmi.gov.tr:2012). Although this was published in 2012, the erroneous understanding was repeated under the scope of the “Medical Tourism Evaluation Report” reminded to some lecturers of Hacettepe University Department of Health Administration in 2013 and published in 2014. One of them is health tourism which can be defined as “traveling from the settled area to another place and stay at least for 24 hours there and benefit from health and tourism facilities in order to keep and improve health and treat diseases” (Kaya et al., 2014:18, Saglik.gov.tr). It is an incorrect application to bring a 24-hour of stay in the description of tourist and attempt to define health tourism by using the word health based on the definition of tourist, which contradicts with health tourism facts. This definition does not apply today as we have daily treatments and medical practices.



In another resource, health tourism is defined as “health tourism, in other words medical tourism or health travel is a recent phenomenon” (Aslanova, 2013:131). We do not approve health tourism to be called as medical tourism or health travel. Although medical tourism is reported as a component of health tourism in many reports, interchangeability leads to concept complexity and to complexity on what basis the statistics will be gathered. Nevertheless, publications by the United Nations indicated some minor differences even between travel and tourism.

Starting from the Official Gazette and legislation documents of ministries, there seems to be a complexity in the usage of concepts in scientific texts about health tourism. For example, the tourism heading within the scope of the 1992 Investment Program published in the Official Gazette dated April 7, 1992 contained the subheading of “Infrastructure Arrangements of Thermal and Health Tourism Centers”. In fact, thermal tourism which is a component of health tourism was indicated separately. This is not a single sample and the approach in many texts was in this way.

The “Health Tourism Development Program” action plan included in the primary conversion programs of the 10th Development Plan (2014-2018) envisages the “Development of Institutional and Legal Infrastructure of Health Tourism”. The Health Tourism Coordination Board was established with the circular of the Prime Minister for that purpose (resmigazete.gov.tr: 2015). To achieve success in this, the concept complexity about health tourism should be solved immediately. Because it seems impossible to do legal arrangements for a specific field where there is concept complexity. Furthermore, concept complexity is not specific to Turkey but it is a global problem. Health tourism and medical tourism are interchangeably used in many articles published abroad. For instance, health tourism or medical tourism was used as an expression in an article published in a Public Health journal in Iran and expressions were made on the basis of interchangeable use of these terms (Sultana et al., 2014:867). While treatments made in the hospital by Jallad were evaluated under medical tourism, the phenomenon carried out through mineral resources and mentioned as thermal treatment in the Turkish literature was treated as therapeutic tourism (Jallad, 2000:11-12).

The book “Thermal Spring and Health Tourism Planning in Turkey” of İsmet Ülker, to our knowledge, was the first publication that brought health tourism to the agenda. However, starting from this publication, there are many definitions of health tourism and many terms are attributed

different meanings as pointed out. This publication provides first description of cure and defined tourism. After the “cure” (pursuing treatment goal also) was defined as benefiting thermal spring, sea water and climate by obeying certain rules, health tourism was defined as “people changing place within a certain period of time for cure need infrastructure-superstructure facilities that will meet their needs for accommodation nutrition, curing, recreation and entertainment. This phenomenon which becomes functional within the supply and demand rule of the economy today makes a tourism type called as Health Tourism” (Ülker, 1988).

This definition shows mainly thermal tourism view because the suggested period for the cures in thermal springs is a 21-day period. Nevertheless, we live in an era in which discharging a patient after one day through daily treatments has become possible. In some publications this view is mentioned today. A study points that when it comes to health tourism, the first thing that comes to mind is thermal tourism. (Aydın, 2012:92).

Health tourism is mentioned in the 10th Development Plan and strategy documents and determination of headings as “health tourism and thermal tourism” shows the complexity of concepts. These two fields overlap when patients who want to get treatment from thermal water desire to regain their health (Topuz, 2012:20). How the data were collected regarding more than one fields is not clear.

What is controversial in the health tourism definition is that the statement “for any reason” is included even though the reasons for travel are explained and health-protective activities are not included in the definition within the scope of “Directive on Health Services to be provided within the scope of Health Tourism and Tourist Health” put into effect with the approval of the Minister dated 23.07.2013 and numbered 25541”. Although the directive is a subcomponent of health tourism, tourist health is indicated separately. Definition of tourist health was “procurement of health services by tourists who are temporarily in Turkey for any reason in case of any emergency or sudden diseases”. This definition focused on unplanned activities and emergency in particular. However, a health care demand that appeared during vacation was ignored even though it was not planned and did not require emergency.

The data included in Turkey's medical tourism report which was published by the Ministry of Health and reminded to Hacettepe University most recently were evaluated. However, the issue was left ambiguous and so, the report became controversial skipping on what basis the distinction of health tourism and medical tourist is made and what method is used to classify patients. Contradiction between the data revealed is another topic of discussion.

Since thermal tourism is a kind of tourism performed with underground hot water sources, it will be fair to call it thermal or mineral tourism. In the terms used in our literature as Spa & Wellness, the term SPA is defined as health coming from water and Wellness is defined as feeling better and refreshed. Therefore, these seem to have close meanings to health concept expressed by thermal spring and mineral spring. Due to this closeness, the terms thermal tourism and SPA&Wellness are used in the documents of the Ministry of Health. The bath applications are those found in thermal springs too. Nonetheless, it will not be true to denominate every medical practice under a separate tourism branch. Surely, data about the details should be collected in determination of the demands for each practice. However, what is more accurate for seeing the picture as a whole is to show the practices that resemble in general within a component. For example, mud bath shows closeness to thermal spring and mineral spring in terms of its formation with mineral rich waters. Not accepting such a practice pointing that it has only therapeutic purpose will lead to collect incorrect data for thermal tourism statistically and cause failure in planning future of the sector.

One of the descriptions made for medical tourism is collaboration with tourism industry so as to provide "cost-effective" special medical care to patients who need further medical interventions that require surgery or special expertise in general. As medical tourism emerged for foreign markets in particular, restraining compulsory patient transfers or patient mobility in the country into this context will lead to difficulties for making strategic plans. The most suitable description for medical tourism is to have contact with health services in line with the need for getting health services developing without any plan by benefiting access to third step or advanced medical practices and/or rehabilitation services by planning and going to another country. At that point, it is necessary to examine the term "international patient" and "tourist health" under medical tourism.

### 3.3. Advanced Age and Disabled Tourism

These two types of health tourism are handled together in some resources and separately in others. Especially, rehabilitation services that are oriented to providing old people or persons with disabilities with more effective lives is underlined, and this term is very comprehensible in Turkish. However, it will be right to include a third step medical treatment practice in medical tourism in terms of content. Because making a direct classification for age regardless of the application's content will make data collection difficult in making strategic plans. While some publications of the Ministry of Health use the nomenclature of "aged tourism", the term is used as "advanced age tourism" under the Health Tourism Development Program included in the 10th Development Plan. Rather than calling people aged, denominating them as advanced age will be more acceptable. Although the term handicapped which is used to describe disabled people in Turkey has no arriere-pensee, there is tendency for the term disabled. Similarly, the use of advanced age tourism instead of aged tourism is acceptable.

## 4. Results and Suggestions

First of all, the targets of catching over 40 million tourists in 2013, getting about 50 billion USD in tourism income and spending 1000 USD per person that were among ultimate goals under the scope of "Turkey's Tourism Strategy and Action Plan 2007-2013" did not happen. Although the Ministry of Health stressed that 9-10 billion dollars of health tourism income can be obtained in 2017-2018 as a result of the increase in patient bed capacity in public-private partnerships in the "Health Tourism Report" study of the Association of Turkish Travel Agencies, even one billion dollar could not be obtained (tursab.org.tr, 2018). In this case, strategic planning in health tourism, which has the highest amounts in expenses per capita gains importance in reaching the targets.

Since health tourism that is attributed importance in tourism and health strategies develops as a solution to meet the needs regarding health emerging in societies due to several reasons in addition to facilities like transportation and communication, etc. obtained through technology that human being has improved, is not merely a tourism or a health activity.

Among principle benefits targeted by the countries having provided their services in health tourism are realizing money flow to the country by doing a kind of service export within the borders, creating new areas of employment, minimizing social problems that may occur after unemployment by preventing unemployment, attracting foreign investors to the country, establishing good and strong relations between countries by constructing dependence between social security systems.

Turkey has become able to compete with leading countries on health tourism. Its primary markets are European countries, Middle East countries and Central Asian Turkish Republics. It has opponents among technologically developed countries such as England, Germany, Israel and other opponents like Jordan, Iran in its region and Hungary and Romania in Europe. The third-generation Turkish citizens living in Europe is important in terms of manpower to be employed in activities for these health tourism market regions. This youth wants to be adopted by Turkey. It will be useful to employ them in health tourism initiatives that Turkish investments will make in Europe or in Turkey.

That Turkey's ratio of tourism revenues to current deficit has reached to a considerable amount and specifying targets and objectives in strategic (formative) plans by giving importance to health tourism in development plans show high importance of this sector for the Republic of Turkey. However, it should be considered that these sectors are very fragile, including tourism. An economic crisis that may be faced in the country in case of any outbreak will lead to security violation bomb attacks and the consequences will be too harsh to be compensated. Thus, besides public order works of the law enforcement officers, disease information should be followed updated, surveillance information regarding instant health condition in the country should be obtained, any pandemic should be foreseen in the first days and precautions should be taken, ministries should be organized to work in coordination and have a public health perspective in order that essential preventive health measures can be implemented to prevent recurrence for later processes.

While answering calls from 112 and 184, the Chinese language Mandarin dialect (main dialect of the continent) should be included in the service delivery. People's Republic of China that ranked 7th in 2000 in the order of participating in tourism activities most and yielding income worldwide

ranked first as of 2014. It became the country whose citizens went to other countries as tourists most as of 2018. In this sense, employment of Chinese-speaking translators in the sector and learning of Chinese by the health personnel should be considered in order to establish good communication with patients.

First of all, as suggested in the book, written by İsmet Ülker and published by the Ministry of Culture and Tourism in 1988 and whose preliminary studies dates back to 1968 for its preparation, the “Nature Conservancy Health Tourism Council” that will include Ministries of Finance, Health, Culture and Tourism, Energy and Natural Resources, and Development should be established at the national level. This council has not been established although it has been 30 years since this suggestion was made in 1988 and 50 years since the preparation of the book. The foundations of this constitution should be laid immediately. Founding Health Tourism Coordinating Council is an important step to establish the institutional structure for coordination between institutions. However, leaving the Chairmanship of the Board to the Under secretariat of the Ministry of Health shows that the Republic of Turkey has a medical tourism based understanding for health tourism. The presence of a bureaucrat from the Prime Ministry at the head of the board will be more appropriate for coordination.

Tourism (thermal tourism) for thermal spring and mineral spring, an important branch of health services should be used by taking precautions and incentive encouragement to serve rehabilitation of Turkish society’s health level, but not focus only on overseas marketing. It should be remembered that there are 26 resources that are called youth elixir having radioactive feature.

Health services should aim at reducing dependency on technology in the long-term and dependency to some states technologically should be determined and the necessary precautions should be taken in the short-term. Although 10.000 beds were targeted for advanced age tourism only in the 10th Development Plan, Turkey should move forward in terms of qualified beds. In particular, health interventions made to every tourist incoming to Turkey should be monitored and should not be sacrificed to wrong medical applications (malpractices). With this monitoring at national level, the first step will be taken for determination of performance levels of the hospitals too. Obtaining successful results will both increase domestic competition and set forth evidence that can be used in international promotion of Turkey.

The most appropriate term as a top division comprising all phenomena for international patients and the medical tourism, thermal spring and mineral spring tourism, and advanced age and disabled tourism that are three main tourism groups.

A description that can be suggested for health tourism is that while individuals do health-based activities like going to another country to engage in activities to protect and improve their health with nature, environmental factors and/or tools, electronic devices or conducting these activities under the supervision and/or care of experts or benefiting health services such as treatment and rehabilitation, they can also do other tourism activities such as nutrition, accommodation and entertainment. We can say that this description comprises all elements of the process of health tourism in scientific publications and official documents regarding health tourism in the related literature. Thus, defining traveling for health purposes only as health tourism is prevented. Traveling to another country is a part of the process. It is also a part of the process experienced only during travel; it will not be pertinent to be used for all.

The most appropriate descriptions for service called today as thermal tourism, SPA & Wellness can be thermal spring, mineral spring and water based health tourism. Although some enterprises provide services for thermal tourism only, making service diversity with the increasing importance of marketing makes necessary monitoring practices together. Collecting data by collecting data at top level and separating into special subbranches will facilitate monitoring the sector as a whole. Although the term thermal is of foreign origin and points the word heat, such a definition will be too comprehensive as thermal spring and mineral spring are included in this.

Such concepts as advanced age, tertiary care, vulnerable tourism are suggested about health tourism components for aged people and disabled individuals. In this sense, the Aged and Disabled Tourism which is approved by the Ministry of Health seems appropriate and to be accepted, yet the definition “health tourism” will be more appropriate for advanced age and disabled people.

The term health tourism is regarded a tool for performing transactions in the countries where there is less audit for attaining their goals or health services that people cannot access in their own country due to legal barriers. In this regard, the top managements should determine possible

actions including illegal organ transplantations and abortions and rigorous studies should be carried out to identify deficits of the regulations.

Regarding having a seat among leading and successful states in health tourism, it is necessary that our physicians and other health care professionals motivate health care personnel to learn a second foreign language besides English to develop their communication skills starting from the faculty of medicine and faculty of health sciences; the schools should also be supported in this sense. The necessary technology and equipment for facilitating monitoring of advanced medical practices by universities should be obtained, the essential methods learned abroad should be taught and medical schools, university hospitals, education and research hospitals should be supported to have the appropriate equipment and educational opportunities.

The key to success in health tourism is successful medical practices. In case that our health manpower remains insufficient to meet incoming demands, the ministries should do the necessary regulations, determine the standards for employing foreigners and encourage foreign physicians who are really good and skilled, exceeding certain standards and have made their name in the sector to work in our country until we become able to meet the demands with our own physicians.

Support of the local community for all plans to be made on the subject should be taken. Ensuring high satisfaction in health tourism with plans that local community does not accept is not possible and a negative picture will be seen in the promotion of the country. Thus, perception for health tourism should be measured and expectations and concerns of the sectors should be determined. One of the best examples for this subject is plateau tourism; while this is realized the use of the plateau by the public should not be affected. In this sense, non-governmental organizations and enterprises should not ignore communicating each other.



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