

Healthcare Tourism in Second Decade of 21st Century- A Review of Turkey as the New Global Center for International Patients

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ABSTRACT

Nowadays, people are in search of both travelling in good suitable conditions and having different holiday experiences. Long waiting times, high costs and health insurance problems force some people to go abroad for treatment. This has led to an increase in the demand of external resources and thus the emergence of healthcare tourism. Healthcare tourism is a type of service tourism in which various medical and non-medical treatments are offered in combination with travel and accommodation services. Health tourism includes travelling from one's permanent place of accommodation to another country or region for the purpose of receiving medical (organ transplantation, surgeries, dental and eye treatments, diagnostic services, etc.) or non-medical (plastic surgery operations, wellness and fitness, geriatric care and treatments, etc.) services.

This research studies healthcare tourism as an important aspect in the second decade of the 21st century and Turkey's role in healthcare tourism. Turkey is poised to become a hub of

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healthcare tourism via government, private sector and specialized institutions such as USHAŞ and therefore provides a set of activities in which preventive, therapeutic, rehabilitative or supportive health services are offered together with transportation, accommodation and leisure time options.

Keywords: Healthcare, Medical Tourism, Patient Tourism

INTRODUCTION

The most popular type of tourism both in Turkey and around the world is mass tourism based on traditional holiday tourism. According to tourism data, more than 50% of foreigners visiting Turkey travel for holiday – resting – sightseeing. The percentage of tourists visiting Turkey for other purposes is quite low. This situation, which leads to excessive dependence on a certain market segment, points to the fragility of country tourism against some external factors because mass tourism is easily affected by internal and external crises. For this reason, Turkey has to develop tourism types appropriate to its potentials and resources. The most important economic dimension of traditional mass tourism is that tourists spend less compared to other types of tourism. On the other hand, in tourism types that address specific market segments, tourists have the tendency to spend more because wealthy people dominantly participate in these types of tourism. The most important of these tourism types are healthcare tourism and medical tourism. Healthcare tourism can be defined as traveling from one country to another for health reasons (Kostak, 2007; Taşkın and Şener, 2013).

Nowadays, people are in search of both traveling in good suitable conditions and having different holiday experiences. Long waiting times, high costs and health insurance problems force some people to go abroad for treatment. This has led to an increase in the demand for external resources and thus the emergence of health tourism (Güleç, 2011). Besides, the factors that increase the demand for health tourism can be listed as follows: lack of high-tech health services and quality health care professionals, lack of human resources, desire to have a holiday

while/after receiving treatment, expensive health services, desire for better quality health services, desire to keep the operation secret, climate and geographical conditions not allowing sea holidays, the desire to have a holiday in the country where there are plenty of thermal facilities and tourism opportunities, the desire of chronic patients, elderly and disabled to visit other countries and to be treated there, the desire of people with drug addictions to be in a different environment, desire to maintain one's life (T.R. Ministry of Health, General Directorate of Health Services, 2012).

Healthcare tourism is a type of service tourism in which various medical and nonmedical treatments are offered in combination with travel and accommodation services (Çelik, 2009). Many people in the world aim to increase their well-being through health tourism. Health tourism is a holiday-centered concept designed to relax one's body and mind or to increase well-being (Crush, et.al, 2015). Health tourism is defined as the mobility of people seeking treatment abroad (Tengilimoğlu and Yalçın Balçık, 2009). Health tourism includes planning and realization of travel (Glinos and Baeten, 2006), offering accommodation, healthcare, and other complementary services to tourists wishing to receive treatment (Turner, 2008), traveling back to the country of residence, and follow-up of the recovery process where necessary. Health tourism should be considered as a set of activities in which preventive, therapeutic, rehabilitative or supportive health services are offered together with transportation, accommodation, and leisure time options (Taş, 2010).

The negative effects of industrialization and urbanization have an adverse impact on public health and as a result, pollution of the natural resources and the deterioration of the environment unfavorably affect the daily lives of individuals and cause various diseases to develop. In addition to physical fatigue, circulatory, respiratory and digestive diseases cause a decrease in productivity and production. In order to solve these health problems, protect human health, and increase labor productivity, people's participation in health tourism is supported. Services offered and facilities established to ensure that people and communities live healthy

lives emerged as health, beauty, and wellness centers (Belkayalı, 2009)

The relationship between health and tourism emerges with positive and negative aspects. The positive aspect of this relationship is related to the travel of tourists for health purposes, which is the subject of this study. On the other hand, the negative aspect is the relations that arise in terms of the health of tourists which, in turn, can cause significant damages to tourism. The most important example of tourist health is the SARS outbreak, which appeared in 2002 in the Far Eastern countries. According to the estimates of the World Travel and Tourism Council (WTTC), this disease has led to a loss of 20 billion USD in income in countries such as China, Hong Kong, Vietnam and Singapore and the loss of jobs for 3 million industrial workers (Kuo et al., 2008). Similarly, the recent outbreak of avian influenza led to a decline of 12 million in the number of people visiting Asia and the Pacific countries (Wilder, 2006). Likewise, swine flu, which first appeared in Mexico and started to appear in Northern America and in countries such as Spain in Europe when this article was written, poses a very important danger for international tourism because of its rapid transmission from person to person. Indeed, French economist Olivier Blanchard stated that swine flu would reduce demand for international transport and adversely affect world tourism (Blanchard, 2015) As a result, there was a significant decrease in the number of tourists visiting Mexico. These data are the most important indicators of how important and sensitive the relationship between health and tourism is. In this study, the positive aspect of the health - tourism relationship, in other words, medical tourism, which emphasizes the contribution to the health of people and the treatment dimension, will be discussed.

LITERATURE REVIEW

Health tourism in general and medical tourism, in particular, emerged in the 1990s and has shown significant developments to date. Therefore, academic studies on this subject have been conducted especially in the last 7-8 years. Major studies on this subject are Bishop and Litch's study on medical tourism and Ross's study on health tourism (Bishop & Litch, 2000; Ross, 2001). In the study published in the HSMIAI Marketing Review, Ross took a general

approach to health tourism. Similarly, Chanda's study examined the commercial dimension of health care in India, which attaches great importance to health tourism (Chanda, 2001). Other important studies on the subject are those of Peter Schofield, Fiona Smyth Hunter P Jones, John Connell, and Kuo, Chen, Tseng, Ju and Huang (Schofield, 2004; Smyth, 2005; Jones, 2005; Connell, 2006; H. Kuo et al., 2008). While some of these studies focused on tourist health, others focused on medical tourism, which means health tourism for therapeutic purposes. The study of Bies and Zacharia focuses on the use of health tourism as an outsource. Some important studies on health tourism in our country are those of S. Koyuncu (2003), F. Gümüş and Ö. Büyük (2008), A. Seyyar and S. Orhan (2008), and M. Selvi (2008). Among them, the study of Gümüş and Büyük is directly focused on medical tourism while other studies focus on health tourism in general.

The Place of Health Tourism and Medical Tourism in General Tourism Activities

As is known, in the classification made by the World Tourism Organization, tourism activities are generally examined under two main categories as Business Tourism and Recreational Tourism (DeFreitas, 2003) In business tourism, the purpose of travel and the place to visit are not based on personal choice while in recreational holidays; people can choose where to travel and what to do (Cooper et al., 1999). In this respect, it is possible to evaluate health tourism in the compulsory holiday category because health tourism, which includes medical intervention and treatments, is a necessity.

The concept of health can sometimes have complex meanings. Over time, people have attributed different meanings to this concept. When this concept is used with a negative meaning, the starting point of the word diseases and the word brings to mind the state of "not being sick." When it comes to positive approaches to the concept, it emphasizes physical quality in different aspects such as physical and mental well-being. Today, the word is used more with this second meaning. In parallel, the World Health Organization defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or

infirmity” (Jones, 2005). When health tourism is defined in this context, it is a tourism type where people travel across international borders to receive healthcare services (Ross, 2001). Today, along with innovations in various fields and with different demands, purposes, tastes, and hobbies of people, tourism types are becoming more diverse. Accordingly, businesses involved in health tourism have started to render services to people who have adopted a healthy lifestyle and who care about the beauty of the soul and body (Koyuncu, 2003).

Medical tourism has also led to the emergence of various new types of tourism such as climatism (fresh air), thermalism (spa) and uvalism (fruit and vegetable cure treatment) (Akat, 2000). In addition, medical tourism, which emphasizes traveling from the country of residence for therapeutic and surgical interventions, has recently entered the tourism literature as an important element of health tourism. Recently, the facilities established for the care of the elderly and traveling for this purpose have also started to emerge as a new type of health tourism (Akkor, 2008).

In terms of the demand for health tourism, it is possible to encounter many diverse categories of visitors and the reasons of such visitors may be classified in one of the above classifications. However, Eric Cohen has classified the demand for the sector differently. According to Cohen (2006), in terms of the health tourism market, tourists or visitors can be grouped under five main categories. These are;

Tourists only: Tourists or visitors who do not benefit from any medical services in the state they stay or visit.

Tourists receiving treatment on vacation: Tourists that obtain medical treatment and services because of an illness or misfortunes (crash, accident, etc) during their tour.

Tourists seeking both to have a holiday and receive treatment: These tourists do not visit other countries or regions for medical reasons. However, they choose to visit countries with medical treatment opportunities for some of their illnesses. In other words, they seek both to have a holiday and receive treatment.

Patients seeking to have a holiday as well as receiving treatment: These visitors mainly go to a region for therapeutic purposes; but after the treatment, they also have a holiday in the country they visit.

Patients solely: The healthcare related tourists in this category visit a country to receive a treatment or undergo an operation. They do not aim to have a holiday.

The first group of the above-mentioned medical tourist market customer groups is grouped under the conventional visitor category and is not directly related to medical tourism facilities or providers of services. Amongst the additional categories, the most important client category for health tourism is indisputably the last group and the order of importance decreases gradually in the other categories. Of course, the kind of services and strategies of marketing to be provided for respective groups will be different.

Another important element of the medical tourism market, which is not included in Cohen's classification, is doctors' travels for therapeutic purposes. Although the work of volunteer groups, such as "Doctors Without Borders" is known in conflict zones and in countries affected by endemic diseases, there are examples that make this a tourism type. According to information from a study (Bishop and Litch, 2000), there are a large number of foreign doctors dealing with health problems of approximately 10,000 people at an altitude of 3900 meters at Mount Everest in Nepal. There are 8 clinics and hospitals serving for many years. The area is very popular for foreign tourists: in 2005, 19,000 tourists visited the region. This form of tourism includes travel to an interesting area and treatment in that area. The interesting aspect of the tourism activities here is that the tourists coming here are doctors treating local people. These doctors have two main purposes: the first is to provide health services to local people, even for research purposes; the second is to participate in adventure tours in the region. This has been critically criticized by many western writers and interpreted as an act that could harm local

people.

Turkey has a relative advantage in terms of climate, price, security, and transportation and has an exceptionally advantageous position in terms of medical tourism, spa & wellness tourism, senior tourism, and sports tourism. Turkey has the qualities to appeal to people of all age groups. Moreover, considering geographical proximity, nature and climatic conditions and cultural similarity factors, Turkey is an important health and thermal tourism destination for the Middle East countries.

With the development of health tourism, investments in this sector started to gain momentum in our country. The interest of foreign tourists, especially in laser eye surgery, has led many eye hospitals in the Mediterranean and Aegean to start new projects (İçöz, 2009).

In recent years, state-funded investments and the development of modern technologies have increased the quality of national health services provided in Istanbul, Ankara, and Izmir. As a natural consequence of this situation, Europe and Middle East countries and Russia became the medical tourism market of Turkey. Moreover, medical tourism in Turkey attracts the attention of the low-income countries of Europe such as Albania and the former Soviet Block countries such as Georgia, Azerbaijan, Turkmenistan, Uzbekistan and Kazakhstan (Zengingönül et al., 2012).

Countries from which most tourists visit Turkey for medical tourism can be analyzed under five groups:

- 1-Countries that host or has a diaspora of a considerable number of Turks for various reasons (such as Germany, Netherlands, France),
- 2-Developing countries having difficulties in providing healthcare services due to lack of infrastructure and doctors (Balkan Countries, Turkish Republics in Central Asia),
- 3-Countries where healthcare services are expensive and citizens demand healthcare services not covered by health insurances (such as America, England, Germany),
- 4-Countries with long waiting times because the supply of healthcare services does not

meet the demand (such as England, Netherlands and Canada),

5-Countries those send a certain number of patients to Turkey to receive free treatments within the framework of bilateral agreements (such as Afghanistan, Yemen Sudan) (T.C. Ministry of Health General Directorate of Treatment Services, 2011).

Medical Tourism in the World and its Economic Dimensions

It is known that tourists traditionally travel for leisure, recreation, entertainment, and cultural activities as well as historically for health purposes. It can be said that the popularization of going to spas for health-related purposes in Europe in the 18th century marked the beginning of health tourism. In the nineteenth century, therapeutic movements emerged in remote colonies such as New Caledonia and tropical climatic regions (Smyth, 2005). Health tourism has become such an important type of tourism today that the primary purpose of those traveling to some countries such as Kyrgyzstan is health tourism (Schofield, 2004).

Medical tourism is defined as the tourism movement that includes traveling from the country of residence due to reasons such as high healthcare costs to generally faraway countries where healthcare expenses are more affordable. Depending on the destination, treatments can be cheaper by 50%, 70%, and even 80% in some cases. The most important factors in the development of this tourism are, as well as low treatment costs, developing medical technology, low transportation costs, and online marketing (Connel, 2006).

Medical tourism has emerged as a niche (appealing to a small, specialized section of the population) with rapid growth in overseas travel for treatment or surgical interventions, and is developing rapidly around the world (Newman, 2006). Due to reasons such as especially high treatment costs and long waiting times, more and more people get involved in medical tourism.

Today, many Asian countries dominate the market of healthcare tourism; however, numbers of countries are working to have a share in this marketplace. Particularly India has an important position in the market with very low healthcare charges. India wishes to increase the volume of the healthcare tourism sector to GBP 1.2 billion by 2012 (Yıldırım and Altınkaya,

2006). On the other hand, according to 2006 data, total health tourism expenditures in the world reached 60 billion USD and by 2012 this figure is estimated to reach 100 billion USD. It is stated that medical tourism expenditures in the USA are around 5.5 billion USD, in Europe around 3.5 billion Euro and Czech Republic, which has been active in health tourism for nearly 120 years, earn more than 1 billion USD from this sector (Gümüş and Büyük, 2008).

The greatest demand for medical tourism is from North America and some Western European and Middle Eastern countries. When we examine the distribution of demand from these regions to destinations, healthcare tourists from Europe generally prefer Malaysia, India and Thailand. Malaysia, because of its Muslim reference, has a great impact on the markets of the Middle East. On the other hand, Singapore is the major medical tourism destination for the Japanese. Cuba naturally targets the Central American market (Huish, 2007).

One of the most significant areas in the world for healthcare tourism is undoubtedly Asia. This area has a potential of 1.3 million healthcare tourists annually. The options offered by countries such as Thailand, Singapore, India, South Korea, and Malaysia within the scope of medical tourism have reached astonishing dimensions. Medical tourism movements in Thailand started in the 1970s with sex reassignment surgeries, and then aesthetic surgeries began to spread. India, which is now accepted as the hub of global healthcare tourism, has transformed and updated its technology, adopted western medical techniques and emphasized low health care expenses and short waiting times in order to become the strongest and attractive global hub in this arena. With the economic liberalization that emerged in the mid-1990s, Indian private hospitals began to import technology and other medical equipment more easily, which enabled them to upgrade their medical infrastructure to western standards. In addition, thanks to improved hospital conditions and an increase in salaries in the country, doctors working in foreign countries began to return to their home countries. India also advertised about the international experience of doctors to attract potential medical tourists. The major hospital chains in the country have employed special interpreters for foreign patients. In addition, the fact

that English is widely spoken in India has provided an advantage for health tourism. In spite of hospitals with Western-standard technology and doctors with international experience, employee costs in India are considerably low and insurance is comparatively inexpensive. Success rates of high-risk surgeries, such as heart surgery performed in this country are comparable to the best hospitals in the world (Connel, 2006).

Data on medical tourist flow vary greatly. This is partly due to the difficulty of the classification of the data (patients and/or their relatives), and partly due to the lack of statistics that distinguish medical tourists. However, there are some estimates of the number of medical tourists. For example, it is estimated that in 2003, 50,000 people traveled from the UK to other countries for medical tourism. On the other hand, Thailand claims to have attracted 1 million medical tourists from Japan in 2003, which is said to have increased by 20% in 2004. Singapore states that in 2003, it hosted 800,000 overseas patients. However, there is no reliable data to prove these figures yet. In 2004, 247,238 Japanese, 118,701 American, 95,941 British, and 35,902 Australian patients were reported to receive treatment in Thai hospitals (Connel, 2006). The popularity of English in this country has made significant contributions to the development of medical tourism. Phuket Hospital in Thailand can provide healthcare services in 15 different languages and serves 20,000 foreign patients annually. The Bumrungrad hospital in Bangkok has 70 translators and 200 surgeons certified by the US, and 55,000 American patients visited the hospital in 2005 (Akkor, 2008).

On the other hand, almost all advertising related to medical tourism emphasizes the relationship between surgery and tourism. However, the extent to which patients can participate in traditional tourism activities during post-operative convalescence periods should be questioned (Lewet 2005). The integration of medical tourism, especially with holiday and leisure tourism, may provide a regional attraction for medical visitors. Countries that come to the fore with health tourism worldwide: in medical tourism: Panama, Brazil, Malaysia, Costa Rica, India; thermal tourism: India, Turkey, Malaysia; Spa and wellness tourism: Hungary, Czech Republic,

Austria, Bali, Maldives (Özer and Songur, 2012).

The tourism industry and hospital chains are integrated with each other within medical tourism. Raffles Medical Group in Singapore offers services such as airport transfers, hotel reservations, and local tours in addition to providing medical services. Similarly, hotels in Malaysia cooperate with hospitals. After the tsunami disaster in December 2004, the hotels on the island of Phuket have sought to revive the tourism industry with special medical packages (mainly aesthetic surgery). It can be said that traditional tourism is definitely integrated with medical tourism.

All elements of the tourism industry (travel agencies, airlines, hotels, etc.) can benefit from this new niche market. It is clear that the tourism industry, especially hotels, will benefit more from this type of tourism based on the length of the convalescence period of patients. These benefits are not yet measurable, but according to a study, medical tourists visiting Thailand spent 1.6 billion USD in 2003 and medical tourists visiting South Africa in the same year spent 30-40 million USD (Taffel, 2004).

Factors that Promote and Inhibit the Development of Medical Tourism

There are many factors that promote or inhibit the development of medical tourism worldwide. It is possible to examine these factors separately;

Factors That Promote the Development of Medical Tourism

The main factor in the development of health tourism in general and medical tourism, in particular, is the price differences between countries. There are significant price differences between countries, especially for complex surgical interventions. For example, in 2003, a ventricular septal defect surgery cost 70,000 USD in the USA while in India it cost only 4,400 USD (Connel, 2006). Furthermore, open-heart surgeries can cost up to 70,000 USD in the UK and 150,000 USD in the USA while it varies between 3,000 and 10,000 USD in the best hospitals in India. These figures make it easier to understand why British and American patients prefer India (Connel, 2006).

In addition to price differences, exchange rate differences are another important factors. The increase or decrease in the value of the currency of any of the destination countries may lead to changes in destination preferences due to price advantages or disadvantages.

The increase in health expenditures due to the transfer of health services to the private sector in rich western countries and especially in the USA was effective in transforming health services marketing into medical services marketing (Lewett, 2005). In addition, privatization of health services has led to significant competition in this area.

Health insurance in some western countries does not cover dental and aesthetic surgeries; therefore, people who want to have such surgeries begin to look for cheaper treatment options in foreign countries (Connel, 2006). In some countries, such as France, where health insurance does not cover operations such as dentures or dental veneers, people prefer to visit foreign countries to receive such services.

The rapid population growth that started after the Second World War in developed western countries has already been over. The low birth rate in these countries caused the population to age. Today, the population aged 65 years or over constitutes 20-25 percent of the total population of developed countries, and by 2050, the elderly population is estimated to constitute 50 percent of the total population of developed countries (Selvi, 2008). The price sensitivity of this high-income population is low, but they give importance to other elements of the marketing mix (region, quality, service, etc.). This creates an important market for health tourism.

The increase in the importance given to physical health and the adoption of a healthy lifestyle among people has led to an increase in the demand for cosmetic surgeries, spas, retirement communities, and fitness centers (Altes, 2005).

Long waiting times for operations in Western countries force patients to seek other options. For example, a patient might have to wait for up to 18 months for a knee replacement

surgery. In India, however, this waiting time is 10 days most. Likewise, infertility treatments in Western countries require long waiting times, which has led to the formation of a new group called “infertility tourists” in the tourism world (Graham, 2005).

Another important factor for medical tourism is that certain operations, such as abortion and sex change, are prohibited in some countries. As a result, people in these countries who want to undergo these surgeries travel to other countries. The most extreme example of medical tourism is traveling to other countries for euthanasia. In recent years, Switzerland has become an important destination for tourists seeking euthanasia.

Another type of medical tourism is “transnational retirement.” Senior care centers attract tourists in this category. Countries such as Kenya allow senior patients to stay in the country for a long time (Connel, 2006). Turkey also works to attract pensioners from Northern European countries. The Care Insurance system, which has been implemented in some countries such as Germany since 1995, is an important source of financing in terms of health services for the elderly and disabled (Seyyar and Orhan, 2008).

With the involvement of travel companies in medical tourism, tour organizations have begun to enable patients to travel more easily. In fact, the travel industry in the US saw this important opportunity in the market: travel agencies started to offer tour packages including airfare, hotel accommodation, and surgery, promising savings of up to 80% compared to US costs. Cardiovascular surgery that costs 250,000 USD in New York costs 50,000 USD in New Delhi, India, which is a good example (Newman, 2006).

Insurance systems in Western countries facilitated travel for treatment purposes and accreditation of health institutions in developing countries by international organizations started to accelerate the development of this sector. For example, "JCI - Joint Commission International" (an international organization working to improve patient safety and quality of health care in the international community by offering education, publications, advisory services, and international accreditation) in the United States has officially accredited more than

200 foreign health facilities, mainly in Spain, Brazil, Saudi Arabia, Turkey, and the United Arab Emirates.

Many countries across the world outsource medical services. The best example of these countries is Japan. Retirement homes, golf, and gerontology services are not provided within the country; people travel to countries where these services are offered at lower prices. For example, in countries such as Thailand, 1-week golf tourism packages are much cheaper than Japan. Likewise, many pensioners go to such countries and become a "permanent tourist" in a sense (Ball, 1971). Finally, the UK National Health Service has signed an outsourcing agreement with India on the provision of medical services (Bies and Zacharia, 2007).

Factors that inhibit the development of medical tourism

The most important obstacle to medical tourism is about convincing potential customers about the quality of healthcare services provided. Europeans are particularly skeptical about the appropriateness of hygiene conditions in India (Connel, 2006). Therefore, people sometimes worry that the consequences of cheap treatments can cost high. For this reason, advertisements on medical tourism emphasize technology, quality assurance, and education at international standards.

A significant proportion of people in developed countries do not have health insurance. For example, the number of uninsured people in the US is estimated to be 45 million (Moody, 2008). Moreover, diseases that are not covered by health insurance in these countries can be treated cheaper in countries such as Israel, Jordan, Lithuania, and Poland. However, it is extremely difficult for low-income individuals without insurance coverage to receive treatment abroad.

In addition to the factors that promote medical tourism, it should be noted that there are also some factors that inhibit the development of medical tourism. These are listed as follows (Chanda, 2001):

- Restrictions imposed by foreign health institutions and difficulties in entering and leaving

countries

- Accreditation and licensing problems of health institutions in particular
- Problems with direct foreign capital inflow to the health sector
- Regulations in the field of insurance, education, and telecommunications
- Health insurance that does not cover treatments in foreign countries
- Problems related to infrastructure and capacity
- Intense competition in the market

The steps that can be taken to overcome these challenges are:

- Appropriate legal regulations
- Reduction of bureaucratic formalities related to travel
- Quality of health care, especially quality guarantee
- Professional licensing
- Facilitating the entry of new technology
- Tax compliance
- Skilled workforce
- Development of communication and transport infrastructure

As mentioned above, the factors that promote the development of medical tourism are more than the factors that inhibit its development. Therefore, it can be said that entering the market will be advantageous in the long run. An important part of the factors that inhibit the development of medical tourism can be overcome in the short term.

Advantages and Disadvantages of Health Tourism and Medical Tourism

According to Bies and Lefteis, there are three main elements that need to be emphasized for the development of medical tourism (Bies and Lefteris, 2007).

These are as follows:

1. Quality of health services
2. Ease of access to health care and cost of health care

3. Status of local health services with the start of medical tourism practices.

Opportunities and costs that may arise when these criteria are met are stated by the same authors as follows (Bies and Zacharia, 2007);

Benefits

The benefits of medical tourism can be examined in three aspects. These are medical, economic and social benefits. Whether individuals have health insurance is the main point in determining the medical benefits of the four options mentioned above. Other considerations in determining the benefits of medical tourism are the severity of the medical condition (compulsory, urgent, or optional) and the quality of health care to be provided. In addition, medical benefits vary according to the individual's health status. For example, a person who will undergo an optional and non-urgent operation has different health care expectations than a person in need of emergency medical support. While the first person expects the best possible health care, any medical intervention may be sufficient for the person in the emergency unit. On the other hand, the level of welfare (income) is important in evaluating the economic benefits of medical tourism. A high-income person expects more luxurious services than a low-income person.

Psychological factors considered among social benefits include waiting times, stress, and regarding participation in medical tourism as an opportunity to go on a holiday. Social factors are equal distribution of benefits, justice and welfare.

Opportunities

Medical tourism offers two types of opportunities: social and economic opportunities. Economic opportunities refer to saving, while social opportunities refer to the overall social benefits of medical tourism options.

Costs

Costs are evaluated under two headings.

1-The damages of medical tourism to the health system of countries

2-Personal costs (expensive healthcare services)

The health damages of medical tourism in countries can be summarized as follows:

1-People who prefer different countries for medical tourism may cause hospitals to lose income in the countries where they live.

2-There may be insufficient infrastructure in the hospitals of the countries where people prefer different countries for medical tourism (hospitals may not want to invest in certain healthcare services because, to receive these services, people already visit other countries)

Personal costs should be considered as two items:

1- Emergency operations must be performed in the country visited for medical tourism.

2- Even if the person undergoes some operations in the country visited, he/she must be followed up in the same country.

Risks

Promoting medical tourism can present two important risks. These are as follows (Bies and Zacharia, 2007):

1.Medical risk: This is related to the quality of service and unexpected costs. In terms of service quality, hospitals involved in medical tourism are likely to be less developed than hospitals in developed countries. Another medical risk is the possible medical malpractice in countries involved in medical tourism. Unexpected costs refer to expenses related to the severity of medical tourist status, the need for a larger operation, or post-operative care or treatment of possible complications. Medical tourists must be in the country of residence during this process.

2.Political risk: Political risk refers to potential risks that may arise in international relations. If a developed Western country loses its superiority in health care against, for example, India, its bilateral relations with India may also deteriorate. Another risk is that with the spread of medical tourism in western countries, some countries may lose their prestige in the international arena.

The third risk is that foreign doctors may stop migrating to western countries, particularly to the

United States, for appropriate working conditions. If medical tourism develops sufficiently in other countries (e.g. India), most doctors will most likely to prefer to work in those countries.

As can be understood from the above explanations, medical tourism is a tourism type that, unlike many other types of tourism, brings some unique risks. Therefore, it should be managed carefully.

Medical Tourism in Turkey

Turkey, which hosts millions of tourists every year (26 million tourists in 2008) and generates a significant amount of income (21 billion USD in 2008) (Ministry of Culture and Tourism), has also made significant progress in medical tourism. Lately, considerable numbers of patients from various countries have selected Turkish healthcare institutions for treatment. The main reason for such an increase is the reasonable price of modern medical operations performed in our country. Foreign patients visiting Turkey for almost all types of treatment (e.g., plastic and aesthetic surgery, hair transplantation, eye surgeries, IVF, open-heart surgery, skin diseases, check-up, cancer treatment, otolaryngology, dialysis and cardiovascular surgery, gynecology, brain surgery, orthopedics, dental, spa, physical therapy, and rehabilitation) prefer Turkish health care facilities both because of the low-cost healthcare services offered and the high quality and technology standards. However, despite billions of USD-worth investments in health tourism in Turkey, sufficient and desired levels of demand have not been generated yet. The reason for this is the insufficient number of promotions abroad and the lack of an effective sales and marketing network.

This country provides services at international standards in many medical branches, and, as in many Asian countries, the treatment and operation fees in Turkey are considerably less than in western countries.

For example, in the US, IVF treatment costs 15-16 thousand USD while in Turkey, it costs 2 thousand 600 USD. Lasik operations (laser eye surgery to treat myopia, hyperopia, and astigmatism) cost between 4,000 and 8,000 euros in European countries, while in Turkey, they

cost around 600 euros. While open-heart surgery is 25,000 Euros in European countries, Class A hospitals in Turkey charge 10,000 USD for this operation. Health centers in Turkey closely follow improvements in the US and Europe. The success of doctors in Turkey has also gained international fame. The focal aim of Turkish healthcare should be to enable medical tourists to benefit from Turkey's tourism potential while receiving health services (Soydan, 2007). In fact, a private eye hospital in Kayseri and ICC-T Agency developed a joint project with the involvement of an international travel agency that offered a medical treatment package which included travels, Lasik operations, and a 5-day holiday package. The holiday package includes a trip to the Cappadocia region, skiing, and cultural excursions. Such examples show how healthcare tourism can be combined with other tourism categories.

In Turkey, healthcare tourism can be offered together with thermal tourism in many regions, which is a considerable distinctive advantage for Turkey. In fact, the therapeutic effect of spas illustrates the link between thermal tourism and medical tourism. Turkey, which has an important geothermal location in terms of thermal tourism, is among the first 7 countries in the world in terms of spas and thermal resource potential (Soydan, 2007).

With the development of health tourism, investments in this field have started to gain momentum in our country. With the increasing interest of foreigners in laser eye surgery, many eye hospitals in the Mediterranean and Aegean regions have started new projects. With the package programs offered by private health institutions and tour agencies, more than 20.000 foreign patients have eye surgery and five-star holiday in Turkey every year.

In recent years, the number of tourists visiting Turkey for eye surgery exceeding 20 thousand has intensified competition among health institutions. Medical packages offered by travel agencies and private health institutions include private vehicles, a tour of the Bosphorus, guide services, and accommodation in a 5-star hotel. Recently around 200 million USD has been invested in eye hospitals, especially in the Mediterranean and Aegean regions, which are popular tourist destinations. It was determined that the foreigners who have surgeries in Istanbul during

the summer period visit Turkey's Aegean and Mediterranean Regions to have a holiday. This is a good example of the link between traditional tourism and medical tourism, as mentioned above.

According to experts, the majority of medical tourists visiting Turkey originate from European countries. Tourists who chose Turkey for eye surgeries visit on average for four-five days. Patients visiting Turkey for eye surgery spend an average of 2,500 USD. The most preferred operation by medical tourists in Turkey is eye operations, followed by infertility treatment. Considering the fact that a medical tourist spends an average of 2500 USD and a tourist on a summer holiday spends an average of 650 USD, the importance of the medical market for Turkey is easily understood. In accordance with the statement of the CEO of an eye hospital company that makes noteworthy investments in healthcare tourism in Turkey (Cumhuriyet, 2009), this group treated over twenty thousand international patients in 2008, and forty thousand in 2009. This healthcare provided also offers 7-15 days vacation packages to patients visiting Turkey for treatment.

Strengths and Weaknesses of Medical Tourism in Turkey

According to experts, Turkey's strengths and weaknesses in health tourism are as follows (Selvi, 2008; Soydan, 2007);

Strengths

- Quality infrastructure and equipment in hospitals,
- Health professionals at international standards,
- Price advantages. For example, an MRI scan, which costs 250 Euros abroad, costs 50 Euros in hospitals in our country.
- Geographical location, traditional tourist attractions (natural and historical), and climatic conditions.
- Tourism facilities at international standards and well-trained human resources who can speak a foreign language.

- Turkey's rich potential with its spas, climatic conditions, seas, medicinal and herbal plants, and many various natural treatment procedures.

- Medical packages that enable the integration of healthcare tourism with other categories of tourism.

Weaknesses

- Medical tourism has just recently been developing in Turkey and, therefore, institutions are not fully organized.

- Health institutions do not have enough qualified health-support employees.

- Inadequate inclusion of intermediary agencies (travel agencies) and inadequate publicity, and marketing.

- Inadequacies in the web pages of hospitals. This is also an indication of significant deficiencies in promotion, advertising, and marketing.

- Health facilities of international standards are generally concentrated in large cities; therefore, medical tourism and traditional tourism are not fully integrated.

- There is a demand for health tourism in Turkey from European countries such as Germany and the Netherlands where the Turkish population is dense. However, the number of Turkish medical tourism entrepreneurs in these countries is very small. There is a company established in the UK to provide this service (Travel to Cure) and Turkish health institutions have not yet made an attempt to enter this market (Yıldırım and Altinkaya, 2006). This leads to the failure of the effective marketing of medical tourism opportunities in the country in the west.

The Future of Medical Tourism and USHAS (International Health Services INC.) as an Innovative Step in Turkey

According to the estimates, as people's care for their health increases, competition in health services intensifies, and the cost differences between countries continue, medical tourism will develop even faster in Turkey in the near future. In particular, it is predicted by experts that the increase in demand for plastic surgery will continue, thereby creating an important demand

for overseas services, and replacing it with heart surgery, which is the essential element of health tourism.

The number of countries aiming to develop medical tourism is also increasing. The success of medical tourism in Asia increases global interest and competition. For example, despite the relatively high cost of healthcare services in Singapore, it wants to attract 1 million patients who are expected to generate revenue of 1.8 billion USD in 2022. If this goal is achieved, at least 13,000 new jobs will be created in the country. Similarly, the Philippines have shown interest in medical tourism by building a new airport and emphasizing that patients all over the world are familiar with English-speaking Filipino doctors. The Government of Dubai developed Dubai Healthcare City (DHCC) to prevent Middle Eastern tourists from visiting other Asian countries for healthcare services. Apollo Hospitals Group, the largest private health care group in India, signed partnerships with hospitals in Kuwait, Sri Lanka, and Nigeria in 2004 and plans to sign more contracts with private institutions in Dubai, Bangladesh, Pakistan, Tanzania, Ghana, the Philippines, London and Chicago, and other organizations with international connections (Connel, 2006).

Health tourism attracts the attention of the elite in developing countries. For example, Nigerian medical tourists spend \$ 20 billion annually for medical expenses outside Nigeria. Similarly, Japanese companies send their employees out of the country, even for simple medical examinations, and older Japanese are encouraged to opt for nursing homes in foreign countries, which are the most extreme examples in this regard. Healthcare trade is increasing and becoming more competitive and opening up new dimensions in globalization. When all these are packaged elegantly, medical tourism, which sometimes works, is a very important niche in the market (niche) (Connel, 2006).

An Innovative Step for Turkish Medical Tourism: USHAS (International Health Services Inc.)

Turkey, in order to become a global center and a hub of healthcare tourism, has taken dramatic steps for enhancing, improving, and regulating the healthcare tourism sector. One of the most memorable and innovative steps taken was establishment USHAŞ (International Health Services Inc.) in order to promote healthcare services in the international arena and regulate the institutions that act as intermediary agencies, and many other activities related to medical tourism. In accordance with paragraph 2 of Annex 2 of the Decree-Law No. 663 published in the Official Gazette dated 03 August 2018 and numbered 30498, the main fields of activity of USHAŞ are as follows:

- To grant a certificate of authorization to intermediary institutions in the field of international health services,
- To promote Turkish health services in the international arena; to coordinate, direct and support the promotion and information activities in this field,
- To carry out intermediary activities related to international health services; to make contracts on international health services on behalf of public and private institutions within the framework of the authorization granted to USHAŞ by the Turkish Government; to support the execution of contracts,
- To respond to requests for information on international health services; to take action with the relevant authorities to resolve complaints and disputes; to identify the problems that may be faced by the parties and to take preventive measures,
- To carry out activities for tourism of vocational education on health health to provide students from abroad to educational institutions in Turkey; to establish educational institutions abroad and to carry out educational activities.

In addition, it has duties and responsibilities such as giving consultancy services to

international individuals and organizations on public-private cooperation models, opening and operating health care facilities abroad, cooperating with foreign health institutions, building and commissioning health and education buildings, and supplying pharmaceuticals, medical devices, and equipment.

As of 2019, Outpatient Clinics and/or USHAŞ Coordination Offices are planned to be opened in the following locations (USHAŞ, 2019):

- England, London
- Germany, Berlin
- Russia, Moscow

As of 2019, visits are planned to the following locations to open Outpatient Clinics and/or USHAŞ Coordination Offices:

- Ukraine, Kiev
- Azerbaijan, Baku
- Uzbekistan, Tashkent
- Georgia, Batumi
- Sudan, Khartoum
- Somalia, Mogadishu
- Kuwait, Kuwait
- Qatar, Doha
- Algiers, Algeria
- Serbia, Belgrade
- Djibouti, Djibouti

Other studies of USHAŞ can be listed as follows:

1) Insurance Companies

Negotiations are made with insurance companies and insurance brokers. In this context:

- Efforts are being made to provide various insurance coverings, particularly complication insurance, to patients visiting Turkey for treatment.
- Efforts are being made to cooperate with global insurance groups so that patients who are insured by private insurance companies in Europe can receive treatment in this country.

2) “Health Visa”

Efforts are being made to facilitate and expand the application of “health visa” for international patients and their relatives (USHAŞ, 2019).

- A joint working group was established with the General Directorate of Migration Administration of the Ministry of Interior to facilitate the visa-making process for health purposes.
- In the short term, USHAŞ invitation letters showing USHAŞ guarantee to health tourists will be shared with the Migration Administration online and systematic integrations will be ensured in the following stages.

3) Health Tourism Portal

- There are more than 750 Public, Private, Foundation Facilities holding Health Tourism Authorization Certificate that is issued by USHAŞ.
- It is planned that the health institutions in Turkey will be promoted on the web (with information about medical staff including their profile and branch) and the patient - hospital communication and reservations will be made through the portal.
- This portal will be an important online tool to increase the number of health tourists visiting Turkey.

4) International Patient Health Monitoring System

A system has been designed that includes the channels (USHAŞ Advanced Dagnosis Center, Representative Office, Health tourism portal, USHAŞ Head Office Sales-Marketing Unit, etc.) through which international patients will be able to contact USHAŞ and this system will

manage all processes of the patient (registration, treatment plan and price, hotel accommodation, transportation, hospitalization, discharge, follow-up, etc.) on a real-time online-on-cloud basis.

CONCLUSION AND SUGGESTIONS

As detailed in the headings above, the healthcare and medical tourism has become one of the most important aspects of service tourism and a considerable source of income to several countries. As we reached to the second decade of the 21st century, the countries that have suitable and enhanced health facilities with trained medical and administrative staff and low costs are working dedicatedly to increase their share of marketplace. During last decade Turkey has taken dramatic steps to stabilize its position in this sector globally. Even though many initiatives are properly taken, Turkey is still considered in the development phase in terms of health tourism and especially medical tourism. However, it should be noted that Turkey, both its government and private sector, is clearly aware of that it has important health tourism potentials and organized steps are being taken for enhancement. Our study indicates that on the top of what has already been done and in order to continue the development of this tourism type, the following steps should be taken;

- Tour operators, agencies, and health institutions should be further encouraged to establish a sales network abroad. The Ministry of Tourism, Health, and Foreign Affairs should pay special attention to the issue and continuously seek answers to the question of what should be the most effective marketing methods for medical tourism.
- At many occasions, sales and marketing in health tourism are carried out through international fairs. Effective participation of institutions in these fairs is important.
- Health and insurance systems, diagnosis and treatment prices, and medical technologies in developed countries should be researched, and target countries and markets for medical tourism should be identified on a regular basis.

- When promoting internationally, promotional materials and product packages should offer conventional tourism, tours, and thermal tourism combined with medical tourism.
- Experts in hospitals that are actively involved in medical tourism should organize training programs. In particular, there is a need for employees who can speak foreign languages and have received up-to-date education of healthcare tourism.
- Insurance organizations in western countries have an important role in the development and organization of medical tourism. Health institutions in Turkey can take health services to a wider market through contracts with insurance companies in the USA and Europe.
- Institutions and organizations involved in health tourism should be identified, categorized and internationally accredited.
- Intermediaries should be regulated and continuously inspected. Their services must include all processes from the patient's departure from home to returning home.

If the above conditions are met, Turkey can reach an annual income of over 15 billion USD from health tourism. Turkish government and private sector should expect very favorable results from the activities of USHAŞ which enables proper international promotion, investment guidance, international relations and most importantly regulation on the intermediary agencies.

Health tourism in general, and medical tourism in particular, is quite a new field for the enterprises and academic environment in our country. Further studies on the subject can and need to focus on factors affecting medical tourism demand, what criteria medical tourists consider when selecting a destination, national and international competition in medical tourism, medical tourism service supply capacity, the suitability of hospitals for medical tourism, financial support given in foreign countries for medical tourism, and conventional tourism - health tourism - thermal tourism - medical tourism integration models.

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