



A MODEL PROPOSAL FOR THE DEVELOPMENT OF HEALTH TOURISM IN PAMUKKALE: "PAMUKKALE HEALTH FREE ZONE"

Müşerref SEDEF¹

Department Of Physical Therapy And Rehabilitation, Kütahya University, TURKEY

E-mail: mfsedef@yahoo.com

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Abstract

In the early ages, medical tourism was considered to have started with the travels to the cities where medical schools resided. In these cities is where the physicians with proven medical competence and natural therapeutic resources treated diseases, in which human beings did not have the opportunity to be treated in their environment. Health tourism up until the 1980's was dominated by wealthy people of underdeveloped countries; providing high quality and standardized health care services to developed countries. Countries such as Thailand, Singapore, India and Dubai, have rapidly become health bases by establishing health facilities with international standards and accreditation documents. In contrast, treatment in the underdeveloped countries is essentially completed for much cheaper rate. Pamukkale (Hierapolis) has the potential to become a valuable treatment center for health tourists who will spend the rest their time receiving natural treatment. Only a small portion of visiting tourists to Pamukkale will benefit from these services due to the lack of a well-organized medical service in the region. The contribution of health tourism in the region will be great if the country will create a way to benefit from the brand value of Pamukkale, with the construction of health facilities that will produce Elderly and Disabled Touristic, Spa-Wellness Touristic and Medical (tourism) tourism services by establishing "Health Free Zone" in the region.

Key words: Health Tourism, Pamukkale (Hierapolis), Health Free Zone, International Patient.

Introduction

The share of health tourism in the gross national product, which is the monetary expression of a country's total production of industrial, agricultural, mining, service, education, finance, health, tourism and all other sectors within one year, is increasing day by day.

The Turkish Language Institution (TDK) dictionary, defines tourism as; "Relaxation, enjoyment, sight, recognition, etc. a trip made for the purpose of economic, cultural, technical measures taken to attract tourists to a country or a region." (Türk Dil Kurumu, 2005) The previous definition essentially ties into describing Health Tourism; which can be defined as tourism activities intended to buy health services. Essentially Health Tourism is divided into three main categories: "Old and Disabled Tourism, Spa-Wellness Tourism and Medical Tourism".

While many countries in the world have achieved billions of dollars of income from health tourism, Turkey which holds greater health personnel, standards-compliant tourism and health facilities and much more natural resources than other comparing countries, has not reached the level required for health tourism.

1.1. Health Tourism Law

It is essential that patients travelling to another country outside their own country trying to receive health services should not have any legal problems in the transfer, diagnosis, treatment and accommodation processes, but it is possible that legal situations might occur in these processes. Health tourism law, which is a new branch of law, has started to be applied to solve the problems experienced in various stages of health tourism.

Health tourism law is a branch of law that is affected by the constitution, criminal, administrative, civil, trade, social security and other parties of law. Disputes between physicians, health tourists, hospital operators and government institutions are trying to be resolved with health tourism law.

1.2. International Legal Arrangements

The European Parliament and Council Directive 2011/24/EU on March 9 2011 implemented a new legislation. However, the European Union countries originally initiated legislation regulation in 2008 in order to facilitate the acquisition of a limitation of the health service within the boundaries of the Union. The process was completed in 2011, which ensured that patient rights are in the cross-border health services.

In the field of health tourism, the bilateral agreements signed by many countries between them come into the mix as legal arrangements made in the field of health tourism law.

Directive 2011/24/EC of the European Parliament and of the Council on March 9 2011 set out the rules for facilitating access to safe and high quality cross-border health services in full compliance with national authorities, to regulate and present health services, and ways and means of co-operation between member states on health services. (Tontuş, 2018).

1.3. National Legal Arrangements

With Article 9 of Decree Law no. 663, the Ministry of Health has been assigned “to make arrangements for the development of Health Tourism practices and to coordinate with the relevant institutions”. The Ministry of Health performs these duties within the department of health tourism.

For health tourism in Turkey to develop the ministries of Culture and Tourism, Economy, Foreign Affairs and all public and private sector organizations need to work in cooperation.

Ministry of Health on July 23, 2013 and 25541 "Directive on Health Services provided under the Scope of Health Tourism and Tourist Health", "Compulsory Financial Liability Insurance for Medical Malpractice" which entered into force on 30.07.2010 July 30, 2010. Furthermore, the ministry of health published in an official newspaper dated March, 27, 2002. Another example is No. 24708 “Private Hospitals Regulation”, on June 18, 2010, and No. 27615 “Regulation on Dialysis Centers”, General Directorate of Health Services of Ministry of Health” published in a newspaper on September 26, 2013. The health facilities will be established in Accommodation Facilities" revolving on topics of income and corporation tax deduction in health tourism brought by Law No. 6322. The possibility of deducting 50% of the revenues from foreigners introduced by Article 89 of Income Tax Law No. 193 from tax base (etc.) constitutes national legislation on health tourism. (Aslanova, 2013; Tontuş, 2018).

1.4 Pamukkale (Hierapolis)

Denizli is a city with a potential for development in the fields of tourism and health, which is among the important industrial, agriculture and mining exporters of Turkey. Pamukkale (Pamukkale-Karahayit - Akköy-Yenicekent-Sarayköy), which has 14.000 beds with six five-star hotels and various accommodation places, is located in the Denizli Province. Furthermore, Denizli has nearly 600 health institutions and organizations, and Pamukkale

which holds one of the worlds and Turkey's most important natural beauties in thermal water resources is not able to share its resources through health tourism. (Korkmaz, 2013)

Pamukkale has the potential to be an attractive treatment center for health tourists who will be staying in Pamukkale for the rest of their life after the treatment they will receive. Differently, during the Roman period people from all across the world would come to Pamukkale and be treated with the thermal water resources. (Denizli İl Kültür ve Turizm Müdürlüğü, 2018) In order to make use of the full potential of health tourism in Pamukkale there needs to be a well-organized health services that will provide the necessary services of Elderly and Disabled Tourism and SPA-Wellness Tourism in the region, Medical Tourism. It is important to note that these services are not offered in the benefit by medical tourism services.

Pamukkale, was awarded both a cultural and natural heritage site by UNESCO World Heritage in 1988, and is one of the most important brands for Turkey all over the world. (Kültür ve Turizm Bakanlığı, 2018). With the construction of health facilities which will produce Elderly and Disabled Tourism, Spa-Wellness Tourism and Medical Tourism services by establishing "Health Free Zone" in the region. Turkey will benefit immensely from Pamukkale's reputation and brand value; otherwise its contribution to health tourism will be limited.

The aim of this study is to determine the types of health tourism in Pamukkale's region such as the treatment groups to determine patient satisfaction levels, and to analyze the developmental aspects and suggestions on the deficiencies that exist.

2. Literature Review

From the first periods health tourism practiced through people who were looking for treatment for their illnesses which they could not receive in their region and set out to travel and attain these services elsewhere. Patients would travel to treatment facilities to be serviced by physicians. Even though the concept and practice of health tourism had existed for an extend time it's only since 1980's that it has been functioning as an institutional sector. More importantly one of the first academic studies on health tourism was conducted by (Bishop and Litch, 2000; Ross, 2001; Busse, Wismar, and Berman (Eds.), 2002).

Furthermore, there are many more studies conducted on the topic of health tourism and health free zones in specific to the case study of Turkey. The sources are as follows; (Aydın, 2015; Tengilimoglu (Ed.), 2017; Karagülle, Karagülle, and Doğan, 2011; Ministry of Health, 2017;

Legislation and Incentives in Health Tourism; Sayın, Yeğinboy, and Yüksel, 2017; Temizkan, 2015; Koyuncu, 2003). Furthermore there are many more academic journals that have focused on this study, and along with dozens of books.

In addition, scientific and commercial meetings that are held in Turkey on the topic of health tourism and health free zones are very frequent. The topic of focus of these meetings is often trying to find ways of increasing health tourism income of Turkey.

Health Free Zones

2.1 Generally Free Zones

In regards to general free zones legal and administrative arrangements for commercial, financial and economic areas applicable in Turkey are often not implemented or partially applied. The broader incentives for industrial and commercial activities are recognized and physically separated from other parts of Turkey. (URL 2)

2.1.1 General Advantages of Free Zones

- It provides foreign capital and technology transfer to Turkey;
- Increases exports, investment and production;
- Increases Employment;
- Provides low-cost goods and service production with the incentives and advantages provided;
- It provides cheap and high quality raw materials and materials imported from abroad easily to Turkey;
- It allows easy foreign credit availability and easy financing and foreign currency entry into Turkey; and
- It prevents trained manpower from escaping abroad and ensures qualified personnel from abroad. (URL, 1)

2.1.2 Free Zones in Turkey and Abroad

The first free zone for export-oriented production was established in Shannon (Ireland) in the mid-1950s, and the first free zone production in the Far East Asia was launched in Taiwan in

1966. Currently there are around 4000 free zones in various countries of the world and 21 free zones in Turkey. (URL, 2)

2.2.1 Health Free Zones

One of the possible ways of increasing the income of health tourism is by establishing "Health Free Zones". Free zones can be defined as zones outside the customs area that are exempt from commercial and financial laws of the country.

Entrepreneurs investing in this region are provided with exemptions from taxation, social security, exports and imports, and bureaucratic transactions. One of the important features of free zones is that foreign investors are not held to the same rules and laws as domestic investors. They have their own set of rules and laws and often are treated far better and make more profits than local investors.

With the establishment of Health Free Zones, the aim is to bring foreign investors and patients into Turkey. Besides the health sector the increase of investors and patients will bring vitality to all other sectors, especially in transportation and tourism. The Dubai health free zone is the first example of health free zones all over the world.

In Turkey; the legal basis for the establishment of Health Free Zones constitutes article 49 of the Decree Law No. 663 on the organization and duties of the Ministry of Health and Affiliated Organizations. (663. s KHK, No. 49). The general framework for the establishment, purpose and functioning of health free zones with the Decree of Law No. 663 has been drawn up and the authority to issue secondary legislation on the principles and procedures for the establishment and management of Health Free Zones has been left to the Council of Ministers.

Secondary legislation studies are continuous. Significant health investments and the future of tourism is accepted by all authorities due to advantages such as geopolitical position, low price, cultural similarities, advanced technology, natural resources and alternative treatment varieties if legal infrastructure is completed and health free zones are opened to various regions of Turkey.

2.2.2 Benefits of Health Free Zones for Countries

- In health free zones, foreign investors invest in new health, and easily transfer new technology and know-how to the country;

- Increasing number of Employment are provided because new labor force gaps will be born in health free zones;
- Quality healthcare personnel from all over the world work in health free zones;
- Exports of the country and foreign exchange inflows will increase;
- The country's reputation increases due to the high therapeutic success that will be achieved in health free zones;
- Health free zones contribute to the promotion of the country;
- The country's production and employment will be increased indirectly due to the raw material use of the health free zones will be met from within the country;
- Health organizations are provided with international quality certificates. (Bağrıaçık, 1999)

2.2.3 Benefits of Health Free Zones for Social Security and Insurance Organizations

- Health free zone provides the social security institutions an opportunity to treat their patients inexpensively along with a higher quality of method;
- They can offer better quality treatment facilities to their members;
- While offering treatment services to their members, they may also offer touristic activities during their travel to the Health Free Zones in other countries;
- Employees can provide treatments that are not required by local laws in the country to be in the Health Free Zones of other countries. (Bağrıaçık, 1999)

2.2.4 Benefits of Health Free Zones for Investors

- Investors can set up a lower cost of health care in free-trade zones than countries with high quality facilities;
- They can find new patients (customers) in Health Free Zones easier than their own countries;
- They have the opportunity to pay lower taxes in their Health Free Zones than in their own countries;
- They can find better quality personnel in Health Free Zones;
- They will be freed from the formalities due to legal regulations in Health Free Zones;

- They will make more profitable investments in Health Free Zones than they would in their country. (Ertuğruloğlu, 2014)

2.2.5 Benefits of Health Free Zones for Patients

- In the health free zone patients are not paid by insurance institutions, therefore they can pay their own health expenses much cheaper than they would in other countries;

- They can easily get health services that they cannot get in their own countries from legal free requirements, and technological inadequacies;

- Due to the quality services in the health free zone, the treatment times are shortened and the recovery rates are increased;

- In order to receive health services from the Health Free Regions of other countries, they have the opportunity to participate in tourist activities as well as health services;

- They can be treated with alternative treatment methods in health free zones. (Bağrıaçık, 1999)

3. Research Methodology

From July-August 2017 there are Six(6) five-star hotels in Pamukkale/DENİZLİ (Pamukkale-Karahayit-Akköy-Yenicekent-Sarayköy) district and various accommodation beneficiaries in the region.

By applying questionnaires to 238 people selected people on the basis of random sampling and volunteerism, it was determined which groups are involved in health tourism? What health problems they are receiving, whether they are satisfied with health services, whether they have been determined, whether they will prefer this region again in regards to its health services, and suggestions for the betterment of development of health tourism in the region.

4. Results of the Study

From the participating health tourists it was resulted that with 32% (76 persons) of them benefited from the Elderly and Disabled Tourism, and 68% (162 persons) stated that they benefited from Thermal and Spa-Wellness Tourism. None of the participants stated that they benefit from medical tourism. In addition 70% (167 people) reported that treatment sessions resulted in end-of-life improvement and 30% (71 people) had improved treatment sessions. Refer to (Table.1)

Health Tourism Group	Types of Health Tourism	Number of patients			
		Woman	Man	Total	
Elderly and Disabled Tourist	Advanced age tourist (sightseeing tours, occupation therapies)	5	3	8	76 (32%)
	Elderly care services (care or rehabilitation services)	4	3	7	
	Rehabilitation services in clinical hotel	1 2	1 9	31	
	Special care and sightseeing tours for the handicapped	1 4	1 6	30	
Thermal and Spa-Wellness Tourism	Spa treatments and physiotherapies	2 0	1 9	39	162 (68%)
	Talossoterapi on	0	0	0	
	Hydrotherapy and exercises	3 5	3 3	68	
	Balneotherapy and Peloidotherapy	2 0	1 7	37	
	Climatotherapy	1 0	8	18	
Medical Tourism	Advanced treatments (Cardiovascular surgery, Radiotherapy, etc.)	0	0	0	0 (0%)
	Transplantation	0	0	0	
	Infertility (In vitro fertilization)	0	0	0	
	Plastic surgery	0	0	0	
	Eye, teeth, dialysis treatments, etc.	0	0	0	

Table 1. Results of the Survey on the Services Provided in the Scope of Health Tourism in Pamukkale Region in July-August 2017

84% (199 people) participating in the study declared that they would prefer to be rehabilitated from the health tourism facilities in Pamukkale region and 16% (39 people) stated that they would not opt for health tourism in Pamukkale again. (Table.2)

TREATED IN PAMUKKALE THERMAL REGION DISABILITY GROUPS	Declaration of healing at the end of treatment	Declaring That Therapy Is Not Useful	Total	Whoever declares that Pamukkale will be preferred again	
				Yes	No
Soft tissue rheumatism (fibromyalgia, joint pain)	19	8	27	20	7
Rheumatic diseases, rheumatoid arthritis, etc.	13	7	20	17	3
Osteorthosis (lime)	28	5	33	25	8
Skin diseases like psoriasis	7	3	10	10	0
Ankylosing spondylitis	8	4	12	12	0
Neurological diseases (neuralgia, paralysis, etc.)	8	4	12	9	3
Disc diseases such as waist and neck hernias,	16	10	26	23	3
CP Rehabilitation	8	5	13	12	1
Biliary cirrhosis, kidney and urinary tract disorders	8	4	12	7	5
Mechanical waist and neck pain	21	8	29	24	5
Hardness in joints after various orthopedic surgeries	6	2	8	8	0
Stomach and intestinal diseases (digestive system disorders)	5	2	7	7	0
Some long-lasting inflammatory diseases	2	1	3	3	0
Muscular diseases	3	2	5	4	1
Elimination of inherent weaknesses	4	2	6	5	1
Circulatory System Diseases	7	2	9	7	2
Respiratory System Diseases	4	2	6	6	0
Total	167 (% 70)	71 (%30)	238	199 (%84)	39 (%16)

Table 2. Survey Results of Diseases Treated Within the Scope of Health Tourism in Pamukkale Region in July-August 2017

The results were (t: 6,4 and t: 13,9) alpha: 0,05 and the likelihood of error and n-1 (p<0.005) were tested with the "significance test of universe ratio" to see if the recovery rates and satisfaction levels of the patients differed from the universe (t: 1.97) at the level of the (238-1) level, the calculated values are higher than the table value, so that the improvement rate and the level of satisfaction are better than the universe.

Although the average satisfaction of the tourists benefited from the facilities of health tourism in Pamukkale region which corresponded to 84% of the health tourists, there is still room for improvements and these are just a few of them:

- There needs to be higher number of trained health personnel employed in facilities in the region;

- Increasing the transportation and medical tourism opportunities of the region;
- Maintaining price stability in the region;
- Diversification and reduction of prices;
 - Supervision of health tourism services produced in facilities and establishments by public or professional organizations;
- Ensuring standardization and obtaining all of the facilities international quality certificates;
 - The payment of treatment costs from foreign health insurance institutions by making agreements with health insurance companies in their own countries; and
 - The university, state and private sector hospitals in Denizli city center expressed their opinions that the rate of satisfaction will be higher if medical treatment services were provided to health tourists staying in Pamukkale region.

5 Results and Recommendations

According to the statistics, 37, 6 million tourists visited Turkey in 2017 (World Tourism Organization, 2018. p. 8) and Pamukkale hosted 1.5 million tourists during the same year (URL, 3; URL,4). Pamukkale which hosts approximately 5% of the tourists who come to Turkey, has an important potential in health tourism with its biggest attraction of thermal resources, historical texture and recognition in thermal health tourism dating back many historical periods.

Thermal and Spa-Wellness Touristic, Elderly and Disabled Touristic services are offered from Pamukkale Health Tourism Varieties, but medical tourism services are not offered. Therefore, it is fair to say that Pamukkale's health potential has not been used sufficiently. The number of health tourism types, health tourists and health personnel provided in the region are not sufficient. The absence of a full-fledged hospital in the region, health services, hot springs, hotels, motels and hostels is a major loss of profit and attraction for the region.

The Council of Ministers with Decree No. 663, under article 49 indicated that there are 3218 of free zones laws within the framework of the establishment of a free zone in the Pamukkale region (Pamukkale-Karahayit - Akköy-Yenicekent-Sarayköy). With the development of health tourism the existing deficiencies in the region will be eliminated rapidly.

Health tourism will pave the way for new hospitals, hotel motel, hostel and spa establishments which will all pass under Pamukkale's Health Free Zone. In addition to all new

establishments all the existing facilities should also be included in Pamukkale's Health Free Zone in order to eliminating any existing deficiencies.

Pamukkale's health free zone should not be confined to a geographical area such as other free zones, the boundary of the health free zone should be determined as the boundaries of the facilities included in the region. Enterprises seeking involvement in the health care free zone, will be evaluated to be accepted or rejected on the conditions whether they meet the necessary criteria in its regard to their management methods. While all facilities related to free zones are provided only for foreign tourists, exceptions and facilities should be given to those who provide services to both foreign and domestic patients. In order to make patient transfers easily, transportation and infrastructure facilities in the region should look to be further developed. This essentially ties into the point that an international airport should eventually be opened to provide a more comfortable transportation for tourist and patients to Pamukkale.

With a "Health Free Zone" being established in the Pamukkale region of Denizli which is one of the major economic city in Turkey, the region will soon become a health tourism region as it was in the old periods and its contribution to the nation's economy will increase immensely.

References

- Acar, S.,Karakas, D.G.,(2017). Dünyada ve Türkiye'de Serbest Bölgeler, Marmara İktisat dergisi, Cilt: 1, Sayı: 1 Mart 2017,ss/pp. 21-35 ISSN: 2528-8547 DOI: 10.24954/mjecon.2017.1, İstanbul.
- Aslanova, K., (2013). Türkiye'de Sağlık Turizmi Ve Sağlık Turizmi Hukuku, AVRASYA Uluslararası Araştırmalar Dergisi, Cilt:2, Sayı,3, s.129-145, ISSN:2147-/2610, Ankara
- Avrupa Komisyonu, (2017). White Paper On The Future Of Europe-2, Rapor, Bruxelles
- Aydın, O. (2015). Türkiye'de Alternatif Bir Turizm; Sağlık Turizmi. Karamanoğlu Mehmetbey Üniversitesi Sosyal Ve Ekonomik Araştırmalar Dergisi, 2012 (2), 91-96.
<http://dergipark.gov.tr/kmusekad/issue/10213/125512>
- Bağrıaçık, A. (1999). Türkiye'de Belgelerle Uygulamalı Serbest Bölgeler ve Avantajları, Bilim Teknik Yayınevi, İstanbul.
- Bishop, Rachel A and James A Litch (2000). "Medical Tourism Can Do Harm", B M J 2000; 320:1017
- Botterill, D., Mainil, T., Pennings, G. (Eds.) (2013). Medical Tourism and Transnational Health Care. UK: Palgrave Macmillan

- Busse R., Wismar M., Berman P. (Eds). (2002). Consumer Choice Of Healthcare Services Across Borders. In: The European Union and Health Services – the Impact of the Single European Market on Member States. IOS Press, Amsterdam, The Netherlands
- Dalkıran, G., (2017). Bir Sağlık Turizmi Destinasyonu Olarak Trakya Bölgesi. Sosyal Bilimler Araştırma Dergisi, 6 (4), 162-178. <http://dergipark.gov.tr/ssrj/issue/32264/357686>
- Denizli il Kültür Müdürlüğü, (2018). Termal Sağlık Turizmi. <http://www.pamukkale.gov.tr/tr/termal-saglik-turizmi>
- Dikmetaş Yardan, E. , Dikmetaş, H., Coşkun Us., N., Yabana, B., (2014). Türkiye ve Dünya'da Sağlık Turizmi. Sağlıkta Performans ve Kalite Dergisi, 8 (2), 27-42. <http://dergipark.gov.tr/spkd/issue/29268/313404>
- Erdoğan, E., ve Ener, M., (2005). Küresel Pazarların Ekonomik Üsleri-Serbest Bölgeler, Nobel Yayınları, Ankara.
- Ertuğruloğlu, M., (2014). Serbest Bölge Kanunu. Ankara Üniversitesi SBF Dergisi, 9 (02), . Retrieved from <http://dergipark.gov.tr/ausbf/issue/3203/44570>
- İçöz, O., (2009). Sağlık Turizmi Kapsamında Medikal (Tıbbi) Turizm Ve Türkiye'nin Olanakları. Journal of Yaşar University, 4 (14), 2257-2279. <http://dergipark.gov.tr/jyasar/issue/19126/202962>
- İlbeyi, S.Ö., (1995). Dünya'da ve Türkiye'de Serbest Bölgeler ve Uygulanan Teşvikler, Uludağ Üniversitesi, Sosyal Bilimler Enstitüsü, Yayınlanmamış Yüksek Lisans Tezi, Bursa.
- Karagülle, Z., Karagülle, M. Doğan, M.B. (2011). Türkiye Termal SPA Sağlık Rehberi, İstanbul: Nobel Tıp Kitabevi.
- Kazdağlı, H., (1995). Türkiye'de Turizm Talebi ve Talebi Etkileyen Faktörlerin Analizi, Ankara: Turizm Bakanlığı Yayınları.
- Korkmaz, M., (2013). Denizli,de Termal Turizm, Turizm Haberleri, <http://www.turizmhaberleri.com/KoseYazisi.asp?ID=2181>
- Koyuncu, S., (2003). Turist Sağlığı Turist Sigortası ve Tüketicinin Korunması, Detay Yayıncılık, Ankara, s.15.
- Kozak, N., (2012). Genel Turizm Bilgisi, Eskişehir: Anadolu Üniversitesi Açıköğretim Fakültesi Yayını.
- Kültür ve Turizm Bakanlığı., (2018). Pamukkale-Hierapolis – Denizli. <http://www.kulturvarliklari.gov.tr/TR-44432/pamukkale-hierapolis-denizli.html>
- Özcan, Z.K., Aydın, V., (2015). Sağlık Turizmi (Teori ve Politika), Umuttepe Yayınları, İzmit.
- Peris-Ortiz, M., Alvarez-Garcia, J. (Eds.) (2014). Health and Wellness Tourism Emergence of a New Market Segment; Springer, Switzerland.
- Ross, K., (2001). Health Tourism: An Overview By Kim Ross (HSMIAI Marketing Review) HSMIAI Marketing Review, <https://www.hospitalitynet.org/news/4010521.html>, 30.03.2018

- Sağlık Bakanlığı Sağlık Hizmetleri Genel Müdürlüğü (Sağlık Turizmi Daire Başkanlığı), (2012). Sağlık Turizmi El Kitabı, Ankara.
- Sağlık Bakanlığı Ve Bağlı Kuruluşlarının Teşkilat Ve Görevleri Hakkında 663 Sayılı Kanun Hükmünde Kararname, (2011). T. C. Resmi Gazete, 28103 Mükerrer, 02 Kasım 2011.
- Sağlık Bakanlığı, (2017). 2016 Yılı Sağlık İstatistikleri Yıllığı. Ankara: Sağlık Bak. Yayını
- Sağlık Bakanlığı, (2017). Sağlık Turizminde Mevzuat ve Teşvikler. Ankara: Sağlık Turizmi Koordinasyon Kurulu (SATÜRK) Yayını, <http://www.satürk.gov.tr/images/pdf/mevzuat.pdf>.
- Sayın, K. Ş., Yeğinboy, E. Y., Yüksel. İ., (2017). Türkiye’de Medikal Turizm Uygulamaları: Bir Üniversite ve İzmir Sağlık Serbest Bölgesi Değerlendirmesi, İzmir: Dokuz Eylül Ün. İİBF. Dergisi, Cilt:32, Sayı:2, ss. 289-313.
- Smith, M.K., Puczko, L., (Eds.) (2017).The Routledge Handbook of Health Tourism. London and New York: Routledge.
- Temizkan, S.P., (2015). Sağlık Turizmi, Detay Yayıncılık, İstanbul.
- Tengilimoğlu, D., (2017). Sağlık Turizmi,2.baskı, Siyasal Kitabevi, Ankara.
- Tontuş, H. Ö., (2018). Sağlık Turizminde Mevzuat ve Teşvikler, Sağlık Bakanlığı Yayını, Ankara.
- Tontuş, H. Ö., (2018).Türkiye’nin Sağlık Turizmindeki Önemi, Sağlık Bakanlığı (SATÜRK) Yayını, Ankara.
- Türk Dil Kurumu., (2005). Büyük Türkçe Sözlük (10.Baskı). Türk Dil Kurumu Yayınevi, Ankara.
- URL 1, Yatırım Ortamını İyileştirme Koordinasyon Kurulu, (2018). Serbest Bölgeler,<http://www.yoikk.gov.tr/detay.cfm?ID=106>, 31.03.2018.
- URL 2, T.C. Ekonomi Bakanlığı, (2018). https://www.ekonomi.gov.tr/portal/content/conn/UCM/path/Contribution%20Folders/web/Yat%C4%B1r%C4%B1m/Serbest%20B%C3%B6lgeler/ekler/genel_bilgi.pdf?lve, 01.04.2018.
- URL 3, NTV. İnternet Sitesi, (2018). 2017’de Türkiye’ye 32 Milyon Turist Geldi, <https://www.ntv.com.tr/ekonomi/2017de-turkiyeye-32-milyon-turist-geldi,8vgRf5p72UGQTCI9MkccdQ>, 01.04.2018.
- URL 4, Milliyet İnternet Sitesi, (2018). Pamukkale’yi 2017’de 1,5 milyon turist ziyaret etti, <http://www.milliyet.com.tr/pamukkale-yi-2017-de-1-5-milyon-turist-denizli-yerelhaber-2547115/>, 01.04.2018.
- World Tourism Organization (UNWTO), (2018). UNWTO Tourism Highlights: 2018 Edition, UNWTO. pp. 1-20. <https://www.e-unwto.org/doi/pdf/10.18111/9789284419876>.
- Yirik, Ş., Baltacı F., (2015). Türkiye ve Dünyada Sağlık Turizmi (Medikal Turizm).İstanbul: Detay Yayıncılık.