

## **Medical Tourism in India: Challenges and opportunities: An Overview**

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### **INTRODUCTION**

The concept of 'Medical Tourism' has been in existence since ages. It has been recorded that Greek pilgrims travelled long distances and from all the corners of Greece to the sanctuary of healing gods to get blessed and healed by the holy water baths, there are many more such examples from various parts of the ancient as well as newer world. In short medical tourism is about patients visiting different places for needful or elective medical treatments.

In the view of economical benefits foreigners travel from far in search of low-cost treatment options provided by equally competent medical experts practicing in state-of-the-art hospitals. In the recent times the spectrum of 'Medical Tourism' has gained importance in developing countries like our own, India. Medical services are already one-step ahead in expansion in India particularly in Maharashtra cities like Mumbai and Pune have become global health destinations. Concept of medical tourism can be defined as 'provision of cost-effective medical care in collaboration with tourism industry for patients needing specialized treatment options.'

### **MEDICAL TOURISM AS A INDUSTRY**

This concept is emerging as a lucrative industry the reason being that globalization has promoted consumerist-culture even in the health sector. With the private-practitioners in the business the motive is shifted to maximizing the profit and expanding the coverage with the prettification of public and private for such services medical tourism has become the industry. This expanding business not only attracts patients from developed countries but also from poor countries and developing countries where treatment facilities are not available. Bangkok, for example has become the centre for medical tourism offering services in 26 languages Cuba, Malaysia, Jordan Thailand and few others are now centers for medical tourism.

### **ARE WE PREPARED FOR MEDICAL TOURISM.....?**

The health care sector in India has witnessed enormous growth in Private, NGO and Public Sectors. With the state of art infrastructure and medical expertise Indian health care providers are attracting tourists and in particular NRI's from all over the world. Medical tourism has now become a business of approx. \$ 2.3 billion and there estimated addition of 13% revenue for next 6 year. It has been observed that about 10000 odd medical tourists reported during the year 2006-07. In Maharashtra alone with 15% annual rise till recent. The hospitals in Maharashtra like Bombay Hospital, Hinduja Hospital, Asian Heart Hospital (Mumbai); Ruby hall, Lata Mangeshkar Hospital, Aditya Birla (Pune), Escorts Hospital, Wokhard Hospitals are few of the leaders attracting patients from south East-Asia, Africa, Middle-East, Sri Lanka, Dubai, etc. The governmental policies are also liberal the quality council of India under ministry of Health and Family Welfare is now taking firm steps towards accreditation of hospitals both in modern and traditional system of medicine. NABH (National Accreditation Board for Hospitals), NABL (National Accreditation Board for Laboratories) are given the additional benefits.

### **'SWOT ANALYSIS' OF MEDICAL TOURISUM IN INDIA**

**STRENGTH** – State-of-the-art infrastructures of hospitals

- Medical expertise
- Lower cost of services

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- Various destination
- WEAKNESS** - poor response from govt.
- Under developed Indian systems of medicine
- Inadequate research base

- OPPORTUNITIES** – progressive increase in no of patients reporting
- Development of tourist centers at various destinations
  - Cost cutting is easier
  - Largest pharmaceutical base.

- THREATS** - Indian law of malpractice are inadequate
- Inadequate follow up care
  - Multinationals infiltration
  - Gap between newer medical armamentarium and recovery of the investment

#### **‘7-P ANALYSIS’ OF MEDICAL TOURISM IN INDIA**

- 1) **Product:** health care and treatment , tourism to various destination in India (cost saving + pleasure)
- 2) **Price:** the costing of various procedures in Indian hospitals is compared below.

	INDIA	US
A. Heart surgery	\$7000	\$50000
B. Knee replacement	\$7000	\$25000
C. Bone marrow Transplant	\$30000	\$200000

The above comparison is sufficient to explain the price difference.

- 3) **Place:** The Indian corporate hospitals are now in tie-up with the hospitals abroad. The health care hubs such as Mumbai, Pune and Delhi are well connected with international tourist traffic.
- 4) **Promotion:** The promotion of Indian hospitals for the quality and cost effective services is being done through the campaign in India and abroad.
- 5) **Physical evidence:** The state-of-the-art infrastructure and medical equipments are comparable to world class hospitals. The research papers and innovations done by Indian scientist are the evidence of developing medical tourism in India.
- 6) **Process:** With the help of liberal policies of govt. And private tour operators the process of registration, reservation, traveling, shifting, treatment, follow-up etc. Have become simplified.
- 7) **People:** The service providers including the doctors have now developed professional approach to the services to the patients coming under the category of medical tourism.

#### **MEDICAL TOURISM: ADVANTAGES IN MAHARASHTRA**

- A) Tourist destinations: the destinations such as Ajanta, Ellora (Verul), Khultabad various Historical Forts spread over Maharashtra, the Western Ghats declared as world tourist spot the coastal area of Maharashtra with clean and wonderful beaches, metros like Mumbai, Industrial corridor of Pune, Nashik, and Aurangabad. The IT-development in Pune etc. Are the great assets to organize tourism?
- B) The network of star and luxury hotels, health resorts at hill stations like Mahabaleshwar, Lonawala, organize tour operators are the most effective tours in medical tourism.
- C) Corporate multispecialty and superspeciality hospitals at the bigger cities which are nearer to the tourist destination. These hospitals are providing services in advanced medical faculties such as organ transplant, advanced cardiac and neurosurgery, endoscopic surgeries, high tech equipment for cancer treatment etc.

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- D) The state of the art hospitals having equipments for advanced imaging such as CT, MRI, 3D-4D USG, and DXA-bone scan etc. the latest in medical technology is installed in these hospitals with quality assurance and reliable results.
  - E) Renowned and expert doctors who cater the services locally and also visiting doctors and to the expertise pool.
  - F) Largest pharmaceutical network.

### **CONCLUDING REMARK**

In view of the growing demand for health care needs all over the world developing countries like India can form a lucrative medical tourism hub. The concept of globalization and coming together of varied civilizations has increased the horizon. In particular, states like Maharashtra hold advantage over other states by virtue of accessibility, infrastructure and tourist destinations.

### **REFERENCE**

- 1) Randeep Ramesh - Is health tourism the future? The Guardian Feb 1: 2005.
- 2) Clarence Fernandez, Managing Director, Calvin Marketing (India) Pvt. Ltd. - Highlights the opportunities of this field in India, promoting health and medical tourism in India. (2010)
- 3) Ray Marcelo- Maharashtra Fosters Growing 'Medical Tourism' sector, The Financial Times, 2 July; 2003.
- 4) Shyam Bhatia - India can earn \$1 billion form medical tourism, London December 06, 2003
- 5) Maharashtra Tourism Handbook (2011)
- 6) Dr., V.R.Nagori & Dr.M.A.Raffey (2010) "Micro Finance: Performance appraisal of self help groups" "Micro Finance for Socio Economic Development":62-67
- 7) Dr.M.A.Raffey (2010)"The Paperless Higher Education in Marathwada Region: Future Scenario" 'Recent Trends in commerce and Management Science'
- 8) Dr.M.A.Raffey & Mr.B.N.Kamble (2011) "Progressive abolition of child labour in India " International journal of Management and Economics, Vol.1, No.2, July 2011:44-48.

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