

# Is medical tourism on its own enough?

By Constantine Constantinides 1 Mar 2017

As we have now come to understand, medical tourism is about health-related services provided by a medical doctor, or under the supervision of a medical doctor (also known as a physician in the United States) and involves some travel. Medical tourism can involve going abroad for treatment or travelling within your own country (domestic medical tourism).



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Medical tourism is also about destinations. Are destinations that focus exclusively on medical tourism, sustainable? For me, the clear and simple answer is "No, they are not sustainable." If destinations wish to develop a sustainable model, they need to consider the development of services within all of the health tourism segments.

The message seems to have even reached the medical tourism "purists", who are now encroaching on the other health tourism segments (in their speaking and writing). Even publications embracing "medical travel" or "medical tourism" are now, more and more, including articles on the other health tourism segments such as spa, wellness, and dental tourism. Likewise, associations and councils, claiming to steadfastly represent the interests of the medical tourism industry, are showing a creeping – but distinct – interest in addressing the other health tourism segments, as well.

Those responsible for publications and industry representative bodies are seeing the writing on the wall, and are hastening to broaden their appeal and maintain their relevance.

### Expanding the industry to address a broader market

The eight health tourism segments are:

Medical tourism

Dental tourism

Spa tourism (can include thermalism and thalassotherapy)

Wellness tourism

Sports tourism (not for spectators)

Culinary tourism (in the context of healthy cuisine)

Accessible tourism

Assisted residential tourism (retirement housing and care - abroad)

It should be clear and obvious that the eight segments approach to shaping the sector expands the industry so that it addresses a broader market. Furthermore, with this approach (also known as <a href="https://http

### The slowing of growth of medical tourism abroad

As time goes by, in a number of countries, we see the slowing down of the growth of medical tourism abroad and the growing appeal of domestic medical tourism. As an example, look at what is happening in the United States.

Even the USA-based Medical Tourism Association has changed its tune and is now making a lot of noise about domestic medical tourism and the USA as a medical tourism destination (see the West's Revenge, below). And we even have a <a href="Domestic Medical Travel Newsletter">Domestic Medical Travel Newsletter</a> (published by US-based "CPR Strategic Marketing Communications").

### The West's Revenge

The West's Revenge (a phrase I/healthCare cybernetics coined in 2008) is all about countries previously regarded as "sources of medical tourists" becoming medical tourism destinations themselves – a recent example being Canada. The West's Revenge also refers to countries which were once prominent destinations for medical care regaining their prominence (through concerted initiatives).

The two countries which come to mind are the USA and the UK. In the case of the USA, systematic and concerted marketing efforts (partly funded by the US government) have been deployed to once again showcase and promote the country as a destination for medical care. The same, more or less, can be said of the United Kingdom. Even the British NHS is jumping in on the act. In the minds of many (but not all), both countries are regarded as sources of medical tourists or travellers. But a little reading of medical tourism history reveals that both were – and are - known as destinations for medical care, and for their centers of excellence. And both countries are making a point of reminding us of the fact.

#### The effect of recession

Much of medical tourism abroad was fueled by the slogan "Top Quality – Bottom Prices". This appealed to cash-strapped or cost-sensitive consumers. Many providers, basing their reasoning on simplistic thinking, felt that the recession would further boost medical tourism abroad. Of course, this just did not happen.

During a recession, people put off having medical treatment involving an out of pocket expense – whether it is abroad or at home.

## The Short Tail vs the Long Tail - narrow vs broad focus development

Developing an exclusively medical tourism destination (as some still seem intent on doing) represents the narrow focus (or

"short tail" – and even "short-sighted") approach. I wish them good luck. My strong belief is that the broad focus (long tail) approach is the way to go – for reasons which are explained.

The broad focus approach (as exemplified by ht8) creates a larger and more diverse industry to address a much broader market. Industry size and choice is very important in influencing perceptions and inspiring confidence amongst consumers. The broad focus approach also acts as an insurance policy for a destination. Should the demand for one segment diminish, even temporarily, you still have seven others to keep you going. Furthermore, the comprehensive approach allows destinations to exploit the "long tail" phenomenon (increased choice creates increased demand). Finally, a broader industry encourages "cross referrals" between segments - the providers of one service category can refer to and receive referrals from providers of the other segments, increasing business for all.

# From "obliged to" to "want to"

So how do we save the "abroad" version of medical tourism? The simple answer is to offer more than just "Top Quality – Bottom Prices" as an incentive. Basically, we need to make medical tourism into a "want to" (choice) activity – as opposed to an "obliged to" (obligation) activity, which it had been for too long.

This documents is also available online.

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