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Medical Tourism. Compatibilities and Incompatibilities When medical services are Provided Along with Tourism Services

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Abstract

Over the last years the term 'medical tourism' is often quoted in the scientific literature, especially in medicine. In addition to this, the term is also used by social scientists end economists, as tourism is an important social phenomenon featuring cultural, environmental and economic dimensions. Nevertheless, travel as a basic component of tourism cannot be considered as the exclusive element so that a person's displacement outside one's place of residence to the place where medical services are provided can fall under the category of 'medical tourism'. Although this term is acceptable in terms of entrepreneurship, it is a confusing term within academia.

This paper seeks to explore, through a literature review, the use of the term 'medical tourism' and its relevant concepts by stakeholders both in the areas of tourism and health. The main finding is that even though the term is widely used, it is not an appropriate one. With regard to its content, it is highly confusing due to the contradiction deriving from the terms 'tourism' and 'medical treatment', as key components of medical tourism. We seek to distinguish between long-term patients who travel to seek leisure (health tourism) and patients who travel for health rehabilitation (health travel).

Key words: Medical tourism, Health tourism, Thermal tourism, Health travel

Introduction

Men travelled long distances for centuries seeking medical treatment. The Temples of Asclepius, sanctuaries where Asclepius, the healing god of health and well-being was worshipped, were founded in ancient Greece. Actually they were medical centres of western civilization, offering their services for centuries, from the Trojan War era to 6th century AD, when Christianity prevailed (Chatzikokoli-Syrakou, 2001). Thus travelling in order to seek medical treatment dates back to ancient Greece. Pilgrims from all Greek regions as well as from the Mediterranean area travelled to the temples of Asclepius, mainly to Epidaurus, where there was the biggest and most important temple.[1]

Moreover, ancient Greeks travelled long distances seeking medical treatment or relief in spas or thermal baths (Reisman, 2010: 1). It is claimed by Jenner and Smith (2000) that visiting baths is one of the earliest forms of tourism. From 1500 BC the Greeks used baths seeking well-being or relief from fatigue (GNTO, 1966: 5). The father of western medicine Hippocrates of Kos (c. 460 - c. 375 BC) made some important remarks about the medicinal value of water (hydrotherapy)[2] and determined the mechanical and thermal effects of water interacting with the body and the diseases it can treat.

During the Roman period, thermal baths attracted a great number of people who sought relief or treatment. The Roman general and statesman Lucius Cornelius Sulla visited the baths of Aedipsos in Greece in 83 BC. Later he had the first stone-built bath complex constructed there (Thermae Sylla). Over the same period the baths of Thermopylae and Scotoussa in Thessaly, Greece were well-known (GNTO, 1966: 7). In medieval times, under the rule of the emperor Trajan, baths were also important.

In the 18th and 19th centuries, affluent Europeans and Americans flocked to thermal springs, sanatoria or remote places, regarded as suitable due to their ideal climate, seeking treatment from various diseases, such as tuberculosis,

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[1] The Temple of Asclepius was the most famous among other similar temples in ancient Greece, due to the high number of seriously-ill patients who were cured. It covered a vast area with guest houses, a gymnasium, s stadium and a theater for entertaining people. The excellent natural environment played an important role to the patients' cure. The calm nature, the lush vegetation, the long hours of sunshine, the clean air and the abundant local springs had an extremely positive impact, in particular on mentally ill patients, which resulted in the improvement to their health (Marketos, 1997). The cure was achieved through: a) the patient's psychological strengthening and the reinforcement of the patient's faith in god's healing skills (suggestion, miracle) and b) the application of medication and healthy lifestyle to the patient (treatment, exercise). The two methods were usually applied in combination and completed each other. Other important Temples of Asclepius were those in Trikki, the oldest and most outstanding, on the island of Kos and in Pergamus. (Marketos, 1997)

[2] In his work "On Airs, Waters, and Places" he describes in detail the process of hydrotherapy (Adam-Veleni, 2001: 6).

arthritis, bronchitis or liver diseases. In order to treat the symptoms of tuberculosis doctors prescribed the patients' staying in favourable climates, such as the coasts of Greece, Italy and Alexandria (Bouzia and Christopoulou-Aletra, 2006: 352). Moreover, during the 19th century in Europe the members of the emerging middle classes travelled to spa towns to 'take the waters', which were thought to enhance their health (Lunt et. al, 2011: 6). During the 20th century, rich people from less developed regions of the world flocked to developed countries to have high quality health facilities. Thanks to the popularity of the baths, many areas were developed as tourist destinations, such as Bath, Brighton and Harrogate in Britain (Jenner and Smith, 2000).

Travel and Health

Tourism is considered an economic and social activity "essential to the life of nations because of its direct effects on the social cultural, educational and economic sectors of national societies and their international relations" (WTO, 1980). Due to the importance of tourism as a phenomenon with significant impacts on the economic and social life, defining and understanding tourism and collecting data for rersearch purposes was made necessary, especially for statistical reasons. Thus "[tourism has traditionally been defined either in terms of the activities of tourists'/visitors' or the activities of businesses supplying tourists/visitors, i.e. in either demand side terms or supply side terms" (WTO, 1995: 1).

At the 1991 WTO Ottawa Conference on Travel and Tourism Statistics, the demand side concept was accepted as the appropriate approach, and "tourism" was defined as: "the activities of persons traveling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes" (Ibid.). So travel is the basic component tourism. This definition perceives tourism as consisting of a broad range of activities, beyond leisure and holiday activity. This broad perception of tourism allows identifying various and often ambiguous, from a scientific point of view, forms of tourism, such as MICE tourism, medical tourism, etc. 'Medical tourism' and 'health tourism' are an increasingly popular field of study by academics and researchers. Despite the inherent contradiction and ambiguity of the term, it is widely used (Horowitz, Rosensweig and Jones, 2007; de Arellano, 2007; Burkett, 2007; Leahy, 2008; Whittaker, 2008; Heung, Kucukusta and Song, 2010; Hopkins et al., 2010; Kangas, 2010; Karuppan and Karuppan, 2010; Morgan, 2010; Underwood and Makadon, 2010).

MEDICAL TOURISM

The term 'medical tourism' was unknown until some years ago. It appears in the late 20th century with the increase in the number of people crossing national borders seeking medical treatment, which was not possible to be provided to

them, for various reasons, in their country of residence. At the same time there was an increasing number of countries emerging in the international market as medical tourism destinations. Furthermore, there has been a great number of businesses operating as medical tourism intermediaries while figures provided by professional associations and destination countries show a considerable upward trend in this niche market (Connell, 2011). Nevertheless, there is no official statistical data about those who travel primarily for health purposes while there is a tendency for the media to hype this category of tourism as numbers are usually substantially less than industry and media estimates (Connell, 2012: 2). The term 'medical tourism', although widely used, in particular in the areas of marketing and advertising, and enhanced in the journalistic discourse, remains paradoxical. This is due to the fact that basic questions have not been answered and clarified. For example, what are the defining features of medical tourism which differentiate it from other categories of tourism and which do not clash with the concept of tourism itself? Who falls under the category of medical tourist? What are the criteria distinguishing tourists from patients? What is the methodology to estimate the exact numbers of medical tourists?

The term 'medical tourism' itself is clearly and inherently self-contradictory as tourism and hospitalization (period of time spent in hospital for treatment) are concepts which cannot exist at the same time. Tourism presupposes, as a matter of principle, staying at a tourist accommodation whereas hospitalization (treatment or surgery) is done in a hospital. They are two completely different activities in people's lives, which are incompatible and clash each other as tourism presupposes good physical and mental health, the lack of which leads people unavoidably to a healthcare institution for medical treatment.

Tourism as a human activity requires certain elements, which are not included in hospital treatment. More specifically, a) it is a voluntary activity, b) it is a leisure activity, c) it is imperative that there is free time and no commitments or external constraints and d) the dominating motivation is relaxation and leisure. This activity seems to be directly opposed to healthcare and hospital treatment. The reason is because hospitalisation: a) as a general rule[3] is a forced activity, b) is not a leisure activity, c) does not presuppose free time (in most cases it requires to find time at the expense of any other activity, d) the dominating motivation is health and not relaxation/leisure and pleasure. So while tourism is linked with free choice, pleasure and indulgence, hospitalisation is coercion and involves constraints and unhappiness. Ross (2001) rightly stressed that: "(...) the dentist chair and the antiseptic smells of a hospital waiting room are synonymous with pain and a sense of helplessness. They just don't blend with travel and vacations".

[3] The exceptions are in the cases of cosmetic surgery for aesthetic reasons (e.g. facelift, breast lift, liposuction) when admission to hospital is voluntary. In this case we talk about elective surgery/cosmetic surgery which is different from reconstructive surgery, aiming at rehabilitation, e.g. from a burn or a serious wound.

Whittaker (2008: 272) considers that "medical tourism is a misnomer, as it carries connotations of pleasure not always associated with this travel…".

The free movement of goods and services encouraged by the World Trade Organization (WTO) and the General Agreement on Trade in Services (GATS), (Smith, 2004: 2314; Smith et al., 2009) has accelerated the liberalisation of trade in health services as well as the developments with regard to the use of regional and bilateral commercial agreements. Health care is primarily a service industry, which has rendered health services most commonly tradable commodities. What is new in this form of trade is that patients have been encouraged to cross national borders seeking medical treatment and health care in another country, a phenomenon called 'medical tourism'.

People who seek health and medical care services in a country other than that of their permanent residence is not a new trend. As it was mentioned earlier, travelling for health reasons was also practised in the past. However, changes related with health travel are quantitatively and qualitatively different from the previous forms of health travel. The main differences are: a) the reverse of these flows from developed to less developed countries, b) the increase in regional movements and c) the emergence of a new 'international market' for patients. It goes without saying that people moving for medical reasons consume tourism services, such as accommodation, transport, food. Nevertheless, can travel for seeking medical treatment be qualified as tourism? It is a logical question because as it was mentioned earlier this travel does not include some of the basic components of tourism-leisure.

Literature Review

The conceptual definition of terms

Studying the existing literature, we observe an ambiguity with regard to the use of some terms such as 'health tourism', 'medical tourism', 'spa tourism', 'wellness tourism' 'thermalism', 'therapeutic tourism'. Moreover, there is great ambiguity concerning the way the terms 'spa tourism' and 'thermal tourism' are used (González and Brea, 2005; Mak et al, 2009), whose definitions are often overlapped by the concepts of 'wellness tourism' and 'health tourism' (Ivanisevic, 1999; Kušen, 2002; Mair, 2005; Chen et al., 2008; Erfurt-Cooper and Cooper, 2009; Vasileiou and Tsartas, 2009: 136; Smith and Puczko, 2009; Konu et al., 2010; Rodrigues et al., 2010). The use of the terms acquires a different conceptual content depending on the discipline that the user is specialised in; which practically means it depends whether the user comes from academia (e.g. medical science, marketing, sociology, law) or the professional field (e.g. tourism industry, provision of health services).

The term 'health tourism' was first used by the International Union of Tourist Organizations (IUTO), the forerunner of the World Tourism Organization, as "the provision of health facilities utilizing the natural resources of the country, in

particular mineral water and climate" (IUTO, 1973:7, in Hall, 2003: 274).

Goodrich and Goodrich (1987: 217) and Goodrich (1993, 1994) define health tourism in terms of narrower concept of healthcare tourism as "the attempt on the part of a tourist facility (e.g. hotel) or destination (e.g. Baden, Switzerland) to attract tourists by deliberately promoting its health care services and facilities, in addition to its regular tourist amenities». Goeldner (1989: 7, in Hall, 2003: 274) in a review of the health tourism literature, defined tourism as "staying away from home, health [being] the most important motive, done in a leisure setting". He also identified five components of the health tourism market, each specifying a market segment (in Hall, 2003: 275):

1. Sun and fun activities (leisure tourism).

2. Engaging in health activities, but health is not the central motive (outdoor leisure, adventure and sports tourism, well-being tourism).

3. Principle motive for travel is health (e.g. a sea cruise or travel to a different climate).

4. Travel for sauna, massage, and other health activities (spa tourism).

5. Medical treatment (medical tourism, dental tourism).

Theobald (1998) added to the definition a time limit and defined health tourism as travelling in order to seek health services away from the person's place of residence for a time period exceeding 24 hours. Moreover, Tabacchi (cited by Ross, 2001) has widely defined health tourism as "any kind of travel to make yourself or a member of your family healthier". Accepting this definition means that as long as the motivation for travelling is relaxation, leisure and wellness, any form of tourism falls under the overarching term of 'health tourism'.

Hall (2003: 274) suggested the following definition of health tourism:

> "a commercial phenomena of industrial society which involves a person traveling overnight away from the normal home environment for the express benefit of maintaining or improving health, and the supply and promotion of facilities and destinations which seek to provide such benefits".

Cohen (2006: 25) has classified the demand in the area of health services. In the suggested typology, "medical tourists" fall under five main categories:

Mere Tourists. Individuals who do not make any use of medical services while on holiday in the host country. On the contrary, they enjoy their holidays on the beach under the sun.

Medicated tourists. Tourists who receive medical treatment for health problems incidentally occurring during their holidays due to unexpected illness or an accident. These tourists can be classified as patients due to an emergency.

Medical Tourists Proper. Tourists who travel to a place with the intention of

receiving a medical treatment while on holiday and those who decide on such treatment once in the host country.

Vacationing Patients. This group comprises individuals who visit the host country mainly to receive medical treatment, but make incidental use of vacationing opportunities, especially during the convalescence period that follows an operation or some specific treatment.

Mere Patients. This group comprises mainly medical tourists who visit the host country solely to receive a medical treatment or for an operation and whose purpose is not leisure travel.

Carrera and Bridges (2006: 447) define health tourism as "the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's wellbeing in mind and body". A subcategory of this is medical tourism, which is "the organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention".

Konstantinides perceives health tourism as an upside down umbrella comprising eight different categories: a) medical tourism, b) dental tourism,[4] c) spa and thalassotherapy), d) wellness and fitness tourism, e) sport tourism (in the context of health-not for spectators) f) culinary tourism (Culinary Art and Science Tourism in the context of health), g) Accessible Tourism and Assisted Living Tourism.

This term has a conceptual ambiguity as some researchers consider that doctors and medical staff travelling from their place of residence with a view to providing healthcare are covered by the concept of 'medical tourism'. This definition also includes doctors who provide cross-border healthcare services while some other researchers consider that the services they provide are also part of 'medical tourism' (Srivastava, 2006: 44).

According to the Manual on Statistics of International Trade in Services, "Health-related travel" is defined as "goods and services acquired by travellers going abroad for medical reasons" (OECD, 2011: 158). Lunt et al. (2011: 7) define medical tourism as:

> "when consumers elect to travel across international borders with the intention of receiving some form of medical treatment. This treatment may span the full range of medical services, but most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment. Setting the boundary of what is health and counts as medical tourism for the purposes of trade

[4] This means travelling to a host country with the intention of receiving dental care. (Turner, 2008). These trips take place due to a variety of socioeconomic factors, such as the high cost of treatment or the inability to access dental services in the country of origin. Individuals usually cross the border and visit a neighbouring country which offers more economical dental care. A typical example is Greek citizens from northern Greece who travel to Bulgaria for dental care.

> accounts is not straightforward. Within this range of treatments, not all would be included within health trade". Cosmetic surgery for aesthetic rather than reconstructive reasons, for example, would be considered outside the health boundary (OECD, 2010: 30-31).

For Pakes (2008) the term 'medical tourism' refers to two distinct, both fairly recent phenomena: (1) physicians and medical trainees from developed countries who travel to less developed countries to provide medical care, and (2) patients, generally from more developed countries, who travel to less developed countries seeking less expensive medical care or medical procedures (including transplantations) that are unavailable or illegal in their countries of origin. Medical trainees often combine medical visits with recreational or cultural activities.

In a study commissioned by the Greek Institute of Social and Preventive Medicine (2012), the term 'medical tourism' refers to categories of visitors. The first category concerns "…the management of medical needs for visitors, while in a foreign country for holidays or for professional reasons or because they live there temporarily". This category includes health incidents (e.g. heart attack) or regular health needs with regard to chronic illnesses (e.g. kidney patients, heart patients, individuals with haematological problems, senior citizens who need medical or pharmaceutical monitoring). The second category refers to 'optional medical tourism' when patients travel to another country in order to receive a specific medical service (e.g. plastic surgery, dental care, eye care, in vitro fertilisation, cardiac care/cardiovascular surgery, orthopaedic treatment, cancer treatment, organ transplantation). In this case, patients are motivated by the cost, the waiting time and the quality of the medical services provided as well as by the possibility to combine medical care with leisure. The above categories do not include spa services, thermal baths and slimming centres, which fall under the category of 'health tourism' or 'wellness tourism'.

Furthermore, within the academia there is an ongoing debate as to the use of the most appropriate terminology which can define the phenomenon of people travelling abroad in order to receive medical treatment. The terms in use are diverse and often rise doubts or strong scientific debates, such as the term 'reproductive tourism' vs. 'reproductive exile' (Pennings, 2002; Matorras & Pennings, 2005; Storrow, 2005; Cohen, 2006; Inhorn & Patrizio 2009; McKelvey et al., 2009; Voigt and Laing, 2010; Bergmann, 2011); 'abortion tourism' (Nowicka, 1996; Gilmartin and White, 2011, Hall: 2011: 7) 'stem-cell tourism', which refers to therapies using drugs from stem cells, which are strictly regulated as they are considered to be highly experimental or even unethical in the country of origin (MacReady, 2009).

New forms of tourism constantly introduced in the tourism literature in order to commodify products and services, not originally connected with

tourism, "into key tourism attractions" have often been criticised and put into dispute (Higginbotham, 2011) For example, Langley (2003) uses the terms 'euthanasia tourism' and 'suicide tourism' while Huxtable (2009: 328) uses the term 'assisted-suicide tourism' defined as "assisting the suicidal individual to travel from one jurisdiction to another, in which s/he will (or is expected to) be assisted in their suicide by some other person. Cohen (2012: 1309) has introduced the term 'circumvention tourism' as a subcategory of medical tourism "which involves patients who travel abroad for services that are legal in the patient's destination country but illegal in the patient's home country".

Many researchers avoid using the 'medical tourism' and its subcategories, such as 'fertility tourism', 'dental tourism' and 'plastic surgery tourism. On the contrary, doctors and healthcare professionals often use in the literature terms such as 'international medical travel' (Huat, 2006; Fedorov et al., 2009; Cormany and Baloglu, 2010; Crozier and Baylis, 2010), 'seeking medical care beyond the borders' (Jones and Keith, 2006), 'medical refugees' (Milstein and Smith, 2006; Song, 2010), 'biotech pilgrims' (Song, 2010), 'transnational health care' (Mainil et al, 2010:37; Thomas, 2010. Quite a lot of researchers have strongly objected to the use of the term 'medical tourism' (Whittaker, 2008; Glynos et al., 2010; Kangas, 2010). Glinos, et. al. (2010: 1146) prefer to use the term 'patients' mobility' rather than 'medical tourism' because the latter implies leisure travel and does not take into account the seriousness of most patients' mobility. Song (2010: 386) thinks that the term 'medical tourism' suggests a superficiality and that it is often a problematic term for patients who are frequently forced to travel to another country in order to get the medical care they want. There is minimum motivation (intention) for tourism when travelling abroad in a desperate attempt to seek medical treatment, notwithstanding any probable positive result.

Furthermore, researchers tend to use the term 'cross-border reproductive travel' and not 'reproductive tourism' or 'infertility tourism' to describe the movement of patients from their country of residence to another country in order to receive reproductive treatments (Pennings, 2005). This is due to the fact that it is difficult to introduce appropriate neutral definitions as there is people's motivations for travelling for such care are diverse. The term 'reproductive tourism' often suggests hedonism which is not compatible with the anxiety, hope and pain often related with these treatments. Nevertheless, it is acknowledged that contrary to some other forms of travel for medical reasons, IVF treatment can be on offer as a combination of treatment and tourism in between appointments. This is because those who travel abroad to get this kind of treatment are in good health, which means that before embryo transfer they can be tourists, but no way after (Whittaker and Speier, 2010: 370). Another term frequently used is 'abortion tourism', which refers to women who decide to cross international borders in order to access abortion services because abortion is

illegal in their home countries. Sethna (2012: 2) comments that this is "an insensitive term that portrays women's decision to have an abortion as frivolous or opportunistic".

Taking into account the increasing trend whereby people from developed countries combine medical travel abroad with leisure and sightseeing, medical tourism has often been considered as a supplement of medical services to common tourism. On the contrary, in medicine and health literature, medical tourism is usually perceived as a more generic term which simply refers to "foreign travel for the purpose of seeking medical treatment" (Balaban and Marano, 2010), with or without a holiday or the consumption of tourism services (Connell, 2006; Turner, 2007) (in Bhatt and Trivedi 2011: 25).

Despite the criticism, the term 'medical tourism' is widely used. Nowadays the so-called 'medical tourism' and 'health tourism' are a fast growing market which attract the attention of medical practitioners, health-care providers and tourism professionals. However, this is expressed in statistical and economic terms. But should this movement be qualified as tourism? Should a patient travelling abroad alone or with their family for health reasons (e.g. for a heart operation, to seek treatment for some form of cancer, for transplant surgery) be defined as 'tourist', just because they fulfil the prerequisites for the definition of tourism (i.e. accommodation at a hotel and staying in places outside one's usual environment for more than 24 hours but for not more than one consecutive year)?

After having studied the literature cited above, we conclude that the term 'medical tourism' is often used indiscriminately in statistical reports and includes all foreigners who receive health care in the host country. As a result of this practice, medical tourism is inflated in numbers. The reasons for this 'virtual' growth are due to the fact that statistical data count the diaspora and other non-resident foreigners as medical tourists although they are not really tourists. Furthermore, statistics seem to overlook significant differences in the importance of the health care which well-meaning tourists received during their stay in the host country.

Consequently, the size of medical tourism in figures is not so big as it seems, due to the lack of a commonly accepted conceptual definition, because of different epistemological approaches and the dominance of an economic-statistical factor. But what really happens when this phenomenon is examined from a sociological-psychological point of view? A short answer to this question is not sufficient.

Health Tourism – Health Travel

The persons' movements fall into two categories depending on the prevailing motivation: a) health tourism, where the dominant motivation for travelling is vacationing/ leisure and b) health travel, where the dominant motivation is

health rehabilitation. As far as health tourism is concerned, individuals intend to travel to a destination for leisure, on the condition that while vacationing they will be provided with health care and specialized medical services. So the provision of medical services is a necessary but secondary component of tourism. Health care in the destination is a supplement to tourism, aiming at maintaining tourists' good health, which is a prerequisite for tourism. In this case, we talk about health tourism, namely about tourists who move through their own volition for leisure reasons but who choose a destination which can provide to them specialized medical services, so that they are able to enjoy their holidays.

Based on the dominating motive of leisure, health tourism comprises: a1) thermal/therapeutic tourism, as long as holidays are combined with a therapeutic treatment,[5] a2) wellness and spa tourism, where holidays are combined with the rehabilitation or the maintenance of wellness,[6] and a3) medical tourism. In the latter case, medical tourism refers to tourists, namely to people who travel for leisure, but because of the particular condition of their health, special infrastructure at the destination is required. For example, a kidney patient needs dialysis treatments several times a week. So they choose to spend their holidays at a destination with the appropriate renal unit infrastructure.[7] In order to cater for such needs, special hotels-hospitals have been set up which can accommodate tourists-kidney patients. There are also hotels which partner with neighbouring medical centres in order to cater for their customers-kidney patients. Moreover, people with mental health problems who wish to take a recuperative holiday break can spend their holidays at a residential care home or guest home which provides special services. Other people choose to combine their holidays with a cosmetic plastic surgical operation, while ensuring discreteness in an environment other than that of their usual residence.

Under the category of medical tourists also fall people with mobility problems, who require special facilitation at the host destination, and senior citizens with health problems who travel for vacationing but whose health should be under constant medical supervision. Finally, although some scholars think that medical tourism cannot be considered as holidays but as a procedure (Nahai, 2009: 106), it is possible to include under this umbrella-term other forms

[5] Medicinal waters are used by people who seek treatment from medical problems such as arthritis, muscle and joint pains, traumas, asthma, infertility and rehabilitation after a surgical operation.

[6] This form of tourism refers to individuals who seek relaxation as well as longevity treatments. According to Messerli and Oyama (2004: 9.) "wellness can be defined as the balanced state of body, spirit and mind, including such holistic aspects as self-responsibility, physical fitness/beauty care, healthy nutrition, relaxation, mental activity and environmental sensitivity as fundamental elements".

[7] It is estimated that nowadays there are 1.6 million kidney patients all over the world. (Patsoules, n.d.)

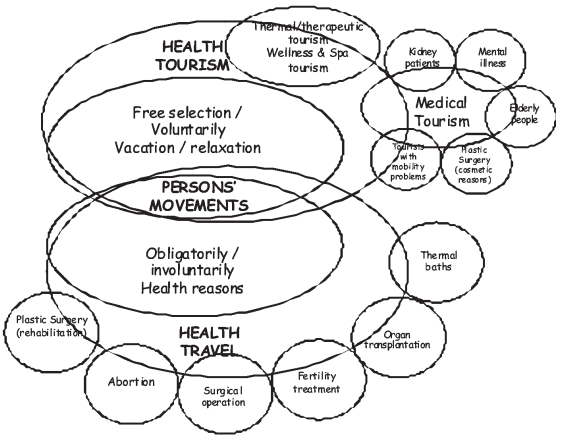
of movement for health reasons, which, however, do not entail a health or life risk or pain. For instance, dental tourism, namely individuals who seek dental care abroad, which may be accompanied by a vacation, their choices usually being driven by price considerations.

Any other case of individuals travelling to another country seeking exclusively to obtain medical treatment or surgeries does not fall under the category of tourism. These forms of travel take place for various reasons: lack of appropriate infrastructure in the patient's country, medical specialties which are not available in the local/national health care system and long waiting lists in the country of origin. People also travel abroad because there is a shortage of the relevant institutional framework in their home countries (e.g. for organ transplantation, research on stem cells) or because some medical treatments may not be legal there (e.g. abortion).

These travels are coercive as people make these decisions involuntarily. In addition to this, this form of travel is often accompanied by inflictive emotions, pain and human misery, which are not compatible with the terms "tourism-vacation-leisure".

Thus the most appropriate term in order to best describe this phenomenon is 'health travel' and not 'medical tourism'. Health travel can also include visits to thermal springs in spa towns if the dominating motive for travel is health rehabilitation and not leisure. In this case the travel is made on physicians' recommendation.

FIGURE 1. The nexus of health tourism and health travel .



Source : Moira, and Mylonopouylos, 2014

Conclusion

Tourism presupposes an individual's travel from their place of residence to

another place for leisure. Nevertheless, a basic prerequisite is that people make the decision to travel through their own volition and it is not the result of coercion such as the need to obtain medical treatments or surgeries. So although an individual's movement is necessary for tourism, every movement is not necessarily for the purposes of tourism. Especially in the field of health and medicine, the motivation for a person's movement should be identified as the various terms often used in literature are ambiguous, confusing and used inappropriately.

The basic distinction of 'health tourism' from 'health travel' will allow policy makers to map out the appropriate tourism policy, targeted at a specific segment of tourists, that of health tourists. Moreover, the awareness of this distinction is expected to contribute to the rational management of the flows of health travellers, according to their actual needs, without inflating artificially the tourism sector for statistical-economic reasons.

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