

Original Article

Medical Tourism in Iran: attitude and challenges

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Abstract:

Introduction: Medical Tourism is one of the most important branches of Tourism with many socioeconomic benefits. Medical Tourism refers to traveling to other countries to obtain medical services with lower costs comparing to their own countries. As health tourism is a new subject in Iran, we decided to study the attitude and knowledge of Qom Medical University staff about Health Tourism.

Methods: This descriptive study was done on 250 Medical staff of Beheshti Hospital of Qom Medical University by completing questionnaires, which were divided into 3 parts (demographic information, knowledge and attitude of participants). All of the information was analyzed by SPSS software.

Results: Only 12.8% of participants have studied articles about HealthTourism. The majority (59.2%) believed that Health Tourism development in Iran hasn't any bad social consequence and 47%believed that Health Tourism development in Iran can improve the knowledge of Iranian medical doctors. The majority (56.6%) of participants agreed to the incoming of Health Tourists to Iran and the majority of them (83.6%) believed that development of Health Tourism can improve the treatment of Iranian patients.

Conclusion: The knowledge of participants is very low and so much more educational efforts should be done by the responsible ministries but it seems medical staff's attitude about health Tourism is very good and they can contribute effectively in this field.

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1. Introduction

Medical Tourism is one of the most important branches of tourism with many socioeconomic benefits in the world. Health tourism refers to traveling to other countries to obtain medical or surgical treatment with low costs comparing to their own countries. The purpose of this kind of travel is to go on treatment, (whether to get medical treatment or using natural sources), to rest, and take care of body health which it may occur voluntarily or with the advice of the physician (1). Health tourism is categorized as follow:

- Traveling to spas towns and Sanitarium (Mineral and hot water centers) to escape daily routine life fatigue without the intervention and supervision of a physician although they may not have any diseases;
- Traveling for the purpose of using natural sources such as mineral waters, salt, healing mud and others to treat some of the diseases or period of recovery under the observation or intervention of the physician and traveling in order to obtain medical or surgical treatment under the observation of the physicians in hospitals or clinics (2).

Back to pre-historic times, many people visited rivers and hot mineral waters spas for recreation and medical treatment (3). The term spa is derived from the name of the town of Spa in Bulgaria which had mineral and hot water and tourists traveled there to get treatment (2). Many historical Iranian books, especially in Abu Ali Sina Books showed the importance of mineral and hot waters for earlier Iranian. Mineral water springs in different regions in Iran have more than 30 mineral elements (4).

Health tourists are interested to increase the development of their spirit, feeling, and body via traveling (5). The changes of lifestyle in developing countries increased the demand for cosmetic surgeons, spas towns for retired people. Since the number of elderly population is increasing, there is more demand for healing spas because of disorders such as rheumatic and skin diseases (5). Because of long wait list, high-costs of medical services, no medical insurance, and so people are willing to travel to abroad where the costs are lower than in their own countries (6). From the mid of 1990, some factors caused the promotion of health tourism marketing such as health tourism agencies development (8). For example, in Canada, there are at least 15 health tourism companies that work in different cities and many people travel to other countries for treatment for the reasons such as long waiting lists for elective surgeries (9, 10, 11, 12, and 13). Low cost is one important benefit of health tourism in developing countries (14). The patients of the USA can get medical services with 1/4 the costs even 1/10 of the costs outside America (2).

In recent years, the demand for receiving medical services was increased because the number of old population in developing countries has been increased (8). For example in Japan, the health care system cannot handle all the medical demands as the population is getting older, so the country got interested in health tourism. Many of the Japanese companies send their workers to Thailand for yearly medical check- up (15) and also in Canada the delays in surgical procedures are a serious problem and this factor encourage patients to travel to abroad (16). Many people in developing countries are not insured because of the high costs of medical insurance, In America; for instance, about four millions are not insured, so they travel to other countries (14). The high cost of treatments and long waiting periods for insurance approval is also another cause of health tourism promotion (7). In the USA, American patients who are not insured and cannot afford to pay the medical cost in their country, travel to other countries such as Thailand and India to undergo healthcare and wellness treatment (17). Some patients don't want their relatives to know about their treatment, especially about their cosmetic surgery or infertility, so they travel to other countries (18). In some countries, because of the market and the extended advertisements about giving medical care next to tourism have separately goal to travel to this destinations (7). In general, health tourism is in progress in developed countries such as Scotland, Poland, Swiss, Greece, Netherlands, Israeli, The USA, Canada, and in developing countries such as Cuba, Croatia, India, Jordan, Bahrain, Malaysia, Singapore, and Thailand (3). Health tourists are mostly from wealthy countries. The difficult policies for issuing visa to the USA and European countries caused many patients travel to Countries such as Asia for treatment (15). The value of the loan of health tourism in 2006 was more than 56 billion dollar (15). Considering the benefits of health tourism, the law of the 4th development program of Iran considered the increased income of this kind of tourism as a duty of Ministry of Health in Iran. So, Iran took the responsibility to give an amount of 100 Billion Rials in order to promote medical tourism (4). But there are no accurate statistics about foreign patients that are under treatment or those that they attempt to use centers such as water therapy centers in Iran. Therefore taking into account that this industry is new, this study was done to make people to be familiar with health tourism in Iran.

2. Materials and Methods

In 2011, this descriptive study was done in Qom University of Medical Sciences on all of the 250 medical staff by completing questionnaires, which were divided into 3 parts (demographic information, knowledge and attitude of participants). The design of this questionnaire was discussed with the Tourism Management Professors of Allameh University, Tehran, Iran. All of the information was analyzed by SPSS/ software version 15 and descriptive statistical methods were used.

3. Results

This study was done on 250 Medical Staff of Qom University of Medical Sciences. Age mean and standard deviation was 31.82 ± 6.74 years old with the minimum of 20 and maximum 52. The majority (64.4%) was male and 35.6% were female. Only 32 participants (12.8 %) have studied about health tourism and only 18.4% of them heard about health tourism. Totally 41.6% of them had contacted with health tourists. Among them, 40 participants (16%) believed that the tourism responsible organization should be in common between Ministry of Health and Tourism Organization. In the opinion of 79 cases (31.6%) private hospitals are more suitable for health tourism services while 33 cases (13.2%) mentioned that public hospitals are more appropriated and 72 cases (28.8%) both of them. The majority (52%) agreed to provide more facilities to foreign patients. The majority (59.2%) believed that the

development of health tourism in Iran does not have any social destructive effects. The majority (78.3) believed that the entry of health tourists may cause the development of Iranian physicians' knowledge. Between the cases, 45%7 agreed that the professional medical team should be involved in treating these kinds of patients. The majority (84%) believed that almost all Iranian physicians are trustful in the world. About the characteristics of health tourism city centers: (8.8%) believed that it should have developed hospital equipments, (1.2%) international airport, (1.6%) good climate and (86.8%) believed that all of above are necessary. The majority (80%) agreed the entry of health tourists to Iran and also most of them (80%) believed that the development of health tourism may help the improvement of treatment quality in different cities of Iran.

About the main purpose to attract health tourists in some countries: (9.2%) believed ability to treatment special diseases, (10.4%) positive image of that country in the world, (13.6%) high quality and low costs of medical services and (63.6%) all of the above are the main purposes and also (3.2%) had not any idea. About the professional medical field in order to transform Iran to health tourism center: (8%) general surgery, (7.2%) plastic surgery, (6.8%) water therapy, (48%) all of the professional medical fields and (30%) did not have any idea.

4. Discussions

Recently, health tourism has been more developed in developing countries (7). For example, in India, health tourism is one of the most successful industries following software industry. The present value of health tourism marketing in India is more than \$330 Millions and until 2012 it will reach more than \$1 billion (19). India was able to attract many health tourists from developed countries in the fields of yoga and massage therapy and it can provide many jobs in health tourism (20, 21). Annually, Jordan has \$500 millions and Egypt \$400 millions income from health tourism (22). Also Singapore intends to attract 1 million foreign patients and Raffle hospital in Singapore has 50 agents in 12 countries for marketing (23). Well-equipped Hospitals and clinics in Argentina provide medical services to health tourists with fewer costs than in America. (18) Dubai attempts to attract Middle-East medical marketing in accordance with USA and Germany Universities (24).

Iran has some progresses in the field such as kidney and liver transplant, infertility and Invasive radiology techniques in recent years. Annually, thousands of patients die even in developed countries while waiting for kidney transplant. While the life of many patients with kidney transplant with health tourism will be saved (25). In a study that was done by Ghods and Co-authors in Hashemi Center, Tehran reported as follow: 1881 kidney transplant surgeries were done in this center that 1% was refugees, 0.6% were foreigners from Turkey, Japan, Yeman, India, and Azerbaijan and also 0.9% of Iranian Immigrants. The services that were offered to poor foreigners between above patients were very helpful for them. But the income of health tourism in Iran is very low and almost limited to health tourists from countries around Persian Gulf and unfortunately, appropriate advertisements have not been done outside of Iran.

Our study revealed only the minority of the participants has studied about health tourism and also only the minority of them had heard the name of health tourism. It means that cultural efforts in Iran are not significant in this field, whereas Iran has also many tourism attractions. Beside this; Qom attracts many tourists due to the religious reasons every year and with good advertisement we can develop medical tourism in this city. In developed countries, several medical companies facilitated traveling to other countries for health tourism (8, 9, and 10). If Iranian agents contact these kinds of companies, they may be able to perform their activities best. Almost 31.6% of our participants believed that the private hospital services are better for health tourists. Although the qualified services in private hospitals are higher than in public hospitals, however, special qualified wards can be designed in public hospitals. The majority believed that health tourists should utilize medical services more than regional population. Really it is better that we offer more qualified services to health tourists.

The majority of the participants believed that health tourism has not any disadvantage. Really, health tourism has both positive and negative social effects. The advantage of health tourism in developed countries is availability of medical services that are not available in their own country and pressure on their organizations to decrease medical services prices (16). The advantage of health tourism in developing countries is to increase credit incomes, prevent the immigration of Iranian medical specialists and medical services development (3, 14, and 15). The disadvantages of health tourism are:

- Regional patients may be neglected (2, 16).
- The real statistics of health tourists are not clear (2).
- The quality of medical services may be obscure, for example the patients who had travelled to China, India and Pakistan to perform transplant had high mortality and morbidity (26, 27).
- In some of the developed countries when the patients go abroad as health tourists, their prior treatment processes would be erupted and their own doctors can not follow them.

- Ethical law and aspects may be obscured, for example in Canada, which is one of the major health tourism costumers, the physicians explain the risks of different kinds of treatments, but in other countries it may not be a rule (16).
- In developing countries health tourism may cause inflation (1). Singapore extends high quality medical schools to become health tourism centers (28).

Actually, the majority of our participants agreed the involvement of high quality personnel in treatment of health tourists. The majority believed that Iranian specialists are trustful in the world, and also the majority believed that entry of health tourists may develop the knowledge of Iranian medical specialists. The majority believed that Iran has good potentials to attract health tourists and the majority agreed to the entry of health tourists and believed health tourism development may improve the quality of treatment in Iran. Therefore, we may have good potentials in Iran and we with the improvement of skills and knowledge of Iranian personnel, we can develop health tourism in Iran, and also we can prevent the immigration of Iranian medical specialists while at the present time, many Iranian medical specialists work in developed countries. Certainly, fluency in different languages and owning language international certification is very important for personnel who are involved in health tourism. For example, in Focket Hospital in Thailand, there are translators of 15 languages and annually they attract more than 20000 health tourists (3). The majority believed that high quality hospital equipments and good climate and international airport are necessary as the characteristic aspects of health tourism centers. Actually all of the above are necessary. For example, a study, which was done in Miami (USA), showed that high quality facilities, good climate and medical care in Miami medical centers attracted health tourists (29).

5. Conclusion

In summary, considering the low knowledge of participants about health tourism, more educational efforts should be done. Language skills should be improved in medical personnel who are involved in health tourism industry. The relations between Iran and foreign hospitals and medical agencies should be stronger. The finance assistance for health tourism centers establishments should be increased. Hot water spas should be developed in Iran.

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References

1. Carrera P., Bridges J., Health and Medical Tourism: what they mean and imply for health care systems, Geneva Association Information Newsletter. 2006; 15: 11-15.
2. Muller T., Kaufmann R., Wellness Tourism: Market Analysis of a Special Health Tourism Segment and Implication for the Hotel Industry, Journal of Vacation Marketing. 2000; 7(1): 19-28.
3. Vajirakachom T., Implementation of an Effective Health Tourism Development Plan For Thailand, A research paper for MS degree in Hospitality and Tourism and University Of Wisconsin. August 2004;12-40.
4. Zargham H., Spa and mineral water, Tourism development and role of endemic population, Tourism Journal. 2000;4.
5. Harahsheh S. Curative Tourism in Jordan and it's Potential Development, Bournemouth University, United Kingdom, 2002; 3(1): 45-78
6. Garcia A. The Development Of Health Tourism Services, Annals Of Tourism Research. 2005;32(1):262-6.
7. Garcia B., Challenges and Opportunities in the Philippine Medical Tourism Industry, SGV Review. 2006 Jun; 4(1): 43-55.
8. Eggertson L., Wait-List Weary Canadians Seek Treatment Abroad, CMAJ. 2006; 174: 1274.
9. Johnston C., US ad uses lure of prompt treatment to entice Canadians needing joint replacement, CMAJ. 1996; 154: 1071-2.
10. Korcok M., Excess demand meets excess supply as referral companies link Canadian patients, US hospitals, CMAJ. 1997; 157:767-70
11. Alcoba N., Patrick K., Ontario agrees to pay \$52000 cancer bill, National Post. 2007 Jan 31; Sect. A:13.

12. Priest L., Panel orders Ontario to pay for hip surgery, *The Globe and Mail*. 2007 Feb 3;Sect. A:6.
13. Priest L., Long wait forces cancer patient to buy operation in land he fled, *The Globe and Mail*. 2007 Jan 31; Sect. A:1.
14. Awadzi W. Panda D. Medical Tourism: Globalization and the Marketing of Medical Services, the Consortium *Journal of Hospitality and Tourism*. 2005; 11(1): 17-23.
15. Connell J. Medical Tourism: Sea, sun, sand and surgery, *Tourism Management*, 2006; 27(6):1093-100.
16. Turner L. Family medicine and international health-related travel, *Can Fam Physician*, 2007 Oct; 53(10): 1639-41.
17. Roth M., Surgery abroad an option for those with minimal health coverage, *Pittsburgh Post-Gazette*, 2006; (Sept 10). Available online at: <http://www.post-gazette.com/pg/06253/719928-37.stm> .
18. Michelle B., King B., Milner L., The health resort sector in Australia:A positioning study, *Journal of Vacation Marketing*. 2004; 10(2): 122-31.
19. Goodrich R., Socialist Cuba: A Study of Health Tourism, *Journal of Travel Research*. 1993; 41: 10-15.
20. Martin J., Tourism strategy making: Insights to the events tourism domain, *International Journal of Hospitality Management*. 2006 Apr; 5(3).
21. Mckinsey A., Medical tourism in India, *Tourism Management Journal*. 2004 Dec; 8(2).
22. John C., Development of Technological Capability by Jordan Hospitality Organizations, *International Journal of Hospitality Management*. 2006 Jun; 3(3).
23. Grennan T., A Wolf in Sheep`s Clothing? A Closer Look at Medical Tourism, *Medical Ethics*. 2003; 1(1).
24. Teh IV., Supplementing Growth with Medical Tourism, *Synovate Business Consulting*. 2005; 9(8)
25. Terasaki PI., Cecka JM., Gjertson DW., Takemoto S., High survival rates of kidney transplants from spousal and living unrelated donors, *N Engl J Med*. 1995; 333: 333-6.
26. Prasad GV., Shukla A., Huang M., D`A Honey RJ., Zaltzman JS., Outcomes of commercial renal transplantation: a Canadian experience, *Transplantation*. 2006; 82: 1130-5.
27. Canales M., Kasiske B., Rosenberg M, Transplantation Tourism:outcomes of United State residents who undergo kidney transplantation overseas, *Transplantation*. 2006; 82: 1658-61.
28. Soo KC., Singapore`s proposed graduate medical school-an expensive medical tutorial college or an opportunity for transforming Singapore medicine? *Ann Acad Med Singapore*. 2005 Jul; 34(6): 176C-181C.
29. Moore JD JR., Medical mecca . foreign patients flock to Miami seeking care and services, *Med Health C*. 1997 Jun 2; 27(22): 30-7.