

ORIGINAL ARTICLE

HEALTH TOURISM IN MALAYSIA: THE STRENGTH AND WEAKNESSES

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ABSTRACT

Introduction : Globalization has made health tourism possible and continues to flourish. For participating countries, this new industry rakes in billions of dollars a year, and is worth focusing on and being developed.

Objective : This write up aims to find out the history and success of health tourism in countries around the world, study the scenario in Malaysia and propose strategies which could make Malaysia prosper with this multibillion dollar industry.

Methodology: The methodology applied was compilation, data review and comparison from annual report, action plan report and articles.

Result : In the ASEAN region, Malaysia is making a mark in the health tourism industry, thanks to the availability of medical and technical expertise, political and economical stability, high quality infrastructure, and scenic beauty of the land. Nonetheless, despite all these, Malaysia has yet to be at par with her neighbours- Thailand, Singapore and India, in terms of the number of foreign patients and the revenue gained from this industry. Thus there is a serious and urgent need to conduct research to analyze the current situation and future prospects of health tourism in Malaysia. This industry is open to all countries around the world. It is those countries that can continually analyze and adapt that will prosper in the emerging medical tourism industry. Some of the key issues which need to be addressed are those of promotion, finding the niche market, branding, legislations, immigration and quality of healthcare. In addition to these, matters regarding human resource, particularly that of internal brain-drain, need to be looked into.

Conclusion : Malaysia has great potential of becoming the giant of the health tourism industry provided appropriate and timely actions are taken towards achieving it. The negative impact must not be ignored or overlooked; instead it must be thoroughly studied and rectified.

Keywords : health tourism, foreign patients, revenue gained

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INTRODUCTION

Health tourism, sometimes referred to as medical tourism, is broadly defined as people traveling from their place of residence for health reasons. Apart from conventional health services, this definition includes newer, more wholesome concept.

Health tourism has been made possible and extremely affordable in the last few decades as a result of globalization. This phenomenon proves that globalization is no longer limited to manufacturing because the provision of health services will also eventually transcend national barriers¹. Globalization is also responsible in allowing most developing countries with medical expertise to jump into the "health tourism bandwagon". The countries actively participating in health tourism currently are Cuba, Costa Rica, Hungary, Lithuania, Turkey, Israel, Jordan, India, Singapore, Thailand and Malaysia².

The main reason for a patient seeking healthcare in another country is cost. Health care is expensive in the United Kingdom (UK); not in monetary terms, but due to a high time cost from long waiting lists. Health care is expensive in the United States (US); not due to time costs from waiting lists, but from high monetary cost³.

Another major reason patients seek treatment overseas is because of shorter waiting time for a particular treatment or surgery. In Britain and Canada, for instance, the waiting period for a hip replacement can be a year or more, while in Bangkok or Bangalore, a patient can be in the operating room the morning after getting off a plane⁴.

This write up is to find out the history, scenario and success of health tourism in other countries around the world, to identify the strength and weaknesses health tourism and to propose strategies in improving industry health tourism in Malaysia.

Scenario Health Tourism in Asia countries

Health tourism is becoming a multibillion dollar industry, thus becoming the focus development of participating countries. For example, medical tourism in India is growing at a rate of 30 per cent per year. It is estimated that by the year 2012, India will be earning US\$2.2 billion a year from health tourism.

Singapore, which is another important center for medical tourism in Asia aims to receive one million foreign patients every year. It is estimated that medical tourism in Singapore

will earn it above US\$1.6 billion annually. Malaysia, which is also among the top four medical tourism centers of the world, expects to earn up to US\$590 million within five years. Altogether, medical tourism in Asia is expected to earn it US\$4.4billion by 2012⁵.

In addition to this, the industry provides an increase in diversified job opportunities, not just in areas directly related to hospitality and catering, but also in terms of jobs for nurses, doctors, and specialists that result in a much higher added value to the economy¹. Local clinical specialist will tend to remain in their countries to serve these patients as their income generated by this industry is good enough to prevent them from serving in other affluent country, therefore preventing the external brain-drain. Other sectors may also take advantage of this industry, such as transportation services and the development of local and traditional handicraft industry, among other things.

The country can also benefit from economies of scale, in the sense that the fixed cost of specialized equipment will be spread over a larger number of patients, thus making such equipment more cost effective¹. There would a healthy competition among healthcare providers (such as private hospitals and institutions) in providing the best medical care and services to their clients and thus increasing the quality of healthcare in that country as a whole.

In India, health tourism is promoted by the government and fuelled by the corporate sector⁶. According to industry estimates, the medical tourism market in India was valued at over \$310 million in 2005-2006 and the market is predicted to grow to \$2 billion by 2012. Visitors from 55 countries come to India for treatment but the biggest growth in business is from the UK and the US. The Taj Medical Group receives 200 inquiries a day from around the world and arranges packages for 20-40 British patients a month to have operations in India. It also offers follow-up appointments with a consultant in the UK. Apollo Hospital Enterprises treated an estimated 60,000 patients between 2001 and 2004. Apollo now has 46 hospitals with over 7,000 beds and is in partnership with hospitals in Kuwait, Sri Lanka and Nigeria. The government predicts that India's healthcare industry could grow 13 per cent in each of the next six years, boosted by medical tourism that, industry watchers say, is growing at 30 per cent annually^{6,7}. The key selling points of the Indian medical tourism industry are the combination of high quality

facilities; competent, English-speaking medical professionals, “cost effectiveness” of treatment packages and the attractions of tourism.

Thailand is also a giant in this industry. The Royal Thai Government promotes Thailand as the “Health Tourism Hub of Asia”, “Wellness Capital of Asia”, and “Thai Herbs for Health”. The purpose is to develop Thailand to become health service centre in the Southeast Asian Region by 2010⁸. In 2004, Thailand embarked on a five-year strategic plan to establish Thailand as “Centre of Excellent Health of Asia”. The plan focuses on three key areas: medical services, healthcare services and Thai herbal products. The three leading products under the “Healthcare Services” category are health spas, traditional Thai massage, and long-stay healthcare products and services. For health care the target is to raise the number of foreigners seeking medical treatment in Thailand’s hospitals from 970,000 persons treated in 2003 to two million by 2010, and total income of Baht 19,000 million to Baht 80,000 million (USD 605 million to USD 2.6 billion)⁸.

Medical tourism in Singapore is not new. In 1997, Singapore was already receiving 370,000 healthcare visitors, which increased to 410,000 in 2006. The country spends less than four percent of GDP on healthcare but yet was ranked the best healthcare system in Asia by the World Health Organizations and has more Joint Commission International (JCI) -accredited facilities than any other country in Asia. The hospitals in Singapore are extremely well equipped and are staffed by highly qualified doctors, many of them with international qualifications. One well known case

demonstrating the expertise of Singapore doctors is when in April 2001 Singapore doctors successfully separated Nepalese twins, Ganga and Jamuna, who were joined at the head in a 90-hour operation. This has put Singapore medical expertise in the world headlines.

Health tourism in Indonesia has not flourished as well as her neighbours. In fact, evidence-based literature regarding health tourism in Indonesia is severely lacking for us to make fair comparison between Indonesia and other ASEAN countries.

Malaysia had also very recently joined in the bandwagon of health tourism. Realizing the potential of growth for this industry, the Ministry of Health (MOH) had set up a Health Tourism Unit at the Medical Practice Division in 2004⁹. This Unit serves as the “focal point” to forge a smart partnership with all relevant parties involved in offering and developing health tourism products. This was in addition to it coordinating and helping out in promotional and marketing activities to optimize resources and expertise. Massive funds were also channeled to further enhance the development of this industry. In 2005, MOH has been given a special allocation of RM1.65 million by the Finance Ministry to the Malaysian Society for Quality in Health (MSQH) for the accreditation activities of private hospitals¹⁰. MOH also organized a workshop on branding and quality of services, for 35 private hospitals in the country, in December 2006, followed by road tours and promotional trips to neighbouring countries¹¹. These efforts proved to be fruitful as the number of patients and the revenue incurred increased over the years, as shown in the table below.

Table 1 Number of patients and income under the Health Tourism Programme 2002-2006

Year	2002	2003	2004	2005	2006
Number of patients	84,585	102,946	174,189	232,161	26,687
Income (RM Million)	35.9	58.9	105.0	150.9	203.7

Source: Association of Private Hospitals Malaysia¹⁰

Despite these encouraging figures and pattern of growth, local experts believe players in the industry are not capitalising on the full potential of the medical resources, including expertise available locally, and hence hampering Malaysia’s potential to become the preferred

healthcare hub in the region. Income generated from health tourism in the more established private hospitals in Thailand were currently contributing about 30% to their total revenue, while some prestigious private hospitals in Singapore managed to achieve 50% revenue

contribution, but healthcare services for foreign tourists in Malaysia represented only about 3% of our total revenue, despite being an established healthcare provider. Thus appropriate and timely actions must be taken to mend this situation¹⁰.

HEALTH TOURISM IN MALAYSIA : 'SWOT' ANALYSIS

Malaysia and other countries wishing to succeed in health tourism must study the environment and implement strategic management process to maximize the potential of existing assets and hence maximizing the gain. Discussed below are the some of the identified strengths, weaknesses, opportunities and threats (SWOT) for Malaysia.

Strength

The labour cost in Malaysia is relatively low. The average basic monthly salary ranged from RM2,769 (US\$781) (executives) to RM10,105 (US\$2,851) for senior managers to RM16,793 (US\$4,730) for top executives¹². Low labor cost will result in very affordable price of medical treatment. This is an attractive bargain for medical tourists to this country, as the remaining money can be used for leisure activities such as shopping and sightseeing.

Malaysia has already established itself as a tourist destination. Malaysia is famous for its beautiful scenery, diverse culture and modern cosmopolitan cities can be a very appealing place to recuperate. Strong promotional strategies and activities can ensure Malaysia becoming not only a tourist destination but also a world class medical hub.

Confidentiality is a very important and sensitive matter when it comes to medical treatment especially those relating to cosmetic surgery or any other form of plastic surgery where discretion is extremely important. Health tourism is an excellent solution to this problem. With an excuse as simple as having "holiday in the tropics", one can undergo medical treatment as a health tourist without having to raise any suspicion among family and friends. Malaysia being a great distance away from Europe and North America is an attractive destination for patients from these countries to acquire treatments such as cosmetic surgery and even addiction treatment. Malaysia also has a strict standard of practice on patient confidentiality set out by the Malaysian Medical Council¹³.

English language is used widely in Malaysia, making it easier for tourists to

communicate with the health professionals. In fact, this multilingual ability of our healthcare workers has been cited in an article by an international journalist, Greg Harris of the magazine *Malaysian Business* (2007): "...Another advantage in Malaysia's favour is language, with English being the lingua franca and doctors who are able to converse in Bahasa Malaysia, Mandarin and Tamil, thus catering to visitors from Indonesia, China and India"¹⁴.

Weaknesses

Weaknesses include the lack of impressive promotional activities and customer service, unlike those in countries such as Thailand and India. In Malaysia, impressive websites and portals detailing medical and social services are sadly lacking.

Malaysia also seems to lack focused provision of medical treatment, or branding. Branding is key to marketing, as pointed out by Philips Malaysia Chairman and Chief Executive Officer Dr. Rajah Kumar, whose company aims to play an enabling role in promoting medical tourism in the country, "...we need to brand the sector so medical tourism in Malaysia can be known worldwide like in Thailand"¹⁵.

Other weaknesses include the inconvenience of obtaining extension of the social visit pass. The procedures for extension of the social visit pass in Malaysia are tedious. Apart from being required to complete an application form, the applicant must submit it along with his/her passport and confirmed flight ticket to the home country, in person. Obviously such requirements may impossible to fulfill by a person recuperating in a hospital bed, such as in the case of a medical tourist¹⁶.

Opportunities

According to a survey, there are about 77 million aging baby boomers in the US alone. Of this, 12% are not insured¹⁷. In the US, these elderly patients are not getting the care they need and deserve, partly because their healthcare system has low reimbursement rates, focuses on treating short-term health problems rather than managing chronic conditions and lacks coverage for preventive services or for health care providers' time spent collaborating with a patient's other providers. Naturally, with lower price and a holiday package included, health tourism is one of the better alternatives in getting the medical care they need.

Waiting time to obtain medical attention has also become a huge problem in many

western countries. For example, a typical Canadian seeking surgical or other therapeutic treatment had to wait 18.3 weeks in 2007, an all-time high, according to new research¹⁸. In another report, the median waiting time for knee replacement after the operation had been planned was three weeks in the United States and eight weeks in Canada¹⁹. In the UK mean waiting times for persons admitted for inpatient surgery such as hip and knee replacement, cataract surgery, cholecystectomy, and inguinal hernia is about 200 day²⁰. In contrast, countries offering health tourism claim to have almost non-existent waiting times, as mentioned in their websites. Such discrepancies in the length of waiting times are an advantage to these countries, including Malaysia.

Threats

Malaysia faces many “threats” in the health tourism industry. Among them are competition from neighbouring countries, caution about the quality of treatment and communicable diseases such as the H5N1 viral infection and dengue.

Coronavirus which gives rise to Sudden Acute Respiratory Syndrome (SARS) shocked Asia in 2003 when the virus infected 1,755 people in Hong Kong, and killed 299. The economy nose-dived as investors and tourists stayed away. Consequently economists pessimistically forecasted that the region’s economy would deteriorate due to this SARS outbreak and its lingering presence²¹. At present, Indonesia is still suffering from SARS, and according to the WHO website, the latest casualties were reported at the end of February 2008, with 129 confirmed cases and 105 of which have been fatal. There have yet been any reported cases of SARS in Malaysia and no data is publicly available on Thailand, but the proximity of Indonesia to this country and the fact that citizens from both countries travel freely between these nations makes the risk of spread is ever present.

Dengue is another problem in Malaysia. Over the past 3 decades, the prevalence of dengue cases in Malaysia had and still is rising exponentially from 830 cases in 1975 to a total of 39,654 cases in 2005. Between 1985 to 2000, the incidence averaged 449.1 cases per year, while from 2000 to 2005, the increase was greater, at 6398.2 cases per year²².

STRATEGIES IN IMPROVING HEALTH TOURISM IN MALAYSIA

Medical tourism comprises of three basic aspects: hospital/health services, hotels and travel/leisure. Thus, with attractive policies and the correct marketing strategies, this emerging industry can provide significant opportunity for economic growth and infrastructure development for participating countries. To achieve this, host countries need to enact a policy framework that is attractive enough to worldwide consumers. The framework must include strategies to lure the consumers/clients into coming to the host countries to receive the healthcare practice they desire. Involvement of the public and private sectors in health tourism in Malaysia is known to be unequal, so a separate set or assortment of strategies should be made for each of these sectors.

The public sector strategies comprise more of policies and regulatory initiatives such as legislation on providers of health tourism services to ensure quality standards, improvement in the immigration services, development of relevant infrastructures, execution of immense promotional campaigns and review of taxation and incentives awarded to the hospitals involved in health tourism. In addition to these, other strategies include redressing the legal infrastructure, and looking into the supply of human resource in the medical field especially of specialists and paramedics.

At present there are no specific laws or regulations pertaining to the operation of health tourism in Malaysia, apart from the Private Healthcare and Facilities Act 1998 and its Regulations. Although this Act controls the standard of private healthcare facilities, it may not be sufficient to cater all the issues relating to health tourism, and in the future, a more specific form of legislation may need to be drafted.

Quality is a fundamental aspect of health tourism. A way of achieving a high standard of quality apart from having comprehensive legislation is to have stringent quality control program such as the accreditation process. Accreditation of private hospitals is already being practiced widely in Malaysia with most of the private hospitals being accredited by MSQH (Malaysian Society for Quality in Health). As of December 2006, 18 private hospitals in the country have achieved MSQH accreditation²³. Hospitals can also get accredited by the Joint Commission International (JCI), a subsidiary of the Joint Commission for the

Accreditation of Healthcare Organizations (JCAHO), or accredited through the International Standards Organization.

There are many other ways to ensure quality- being affiliated to a prestigious hospital in another country is one option. In Panama City, there is a hospital called Hospital Punta Pacifica and it is the only hospital in Central America in affiliation with Johns Hopkins Medicine International. Through educational and consulting engagements, the experts of Johns Hopkins Medicine International support the physicians and administrators in Punta Pacifica to provide the best health care to their patients. In India, Wockhardt hospital group has established a chain of hospitals in Mumbai, Nagpur, Bangalore, Hyderabad, and Kolkatta, and they are associated with Harvard Medical International, USA⁶. Being 'related' to esteemed hospitals and institutions like these not only gives the impression of the high quality treatment that the local hospital has, it also makes follow up more convenient for the patient, as he or she may be able to do so in an institution closer to home.

Relevant infrastructures also need particular attention. The existing ones need to be upgraded and improved, while the non-existent needs to be considered having or building. Efforts done during the 7th Malaysia Plan Period included the restoration and conservation of historical sites, upgrading of tourism facilities and infrastructure, beautification of tourism sites as well as the development of medium-priced hotels, provision of public amenities, pedestrian walkways, observation towers, jetties and landscaping of tourist spots should be continued and enhanced²⁴. These tasks lie on the shoulders of many parties, not only the Health Ministry but also Ministry of Transport, Ministry of Public Works, and Ministry of Tourism.

At present, Malaysia's success in establishing itself as a regional hub for excellent healthcare and capable of providing state-of-the-art medical facilities and services for health tourists, began in January 1998 following the setting up of the National Committee for the Promotion of Health Tourism. Most of the promotional activities have been done in collaboration with MATRADE through its trade missions for example to the Middle East, covering Bahrain, United Arab Emirates and Saudi Arabia, Myanmar and Vietnam; Tourism Malaysia through its travel marts; various state

governments, notably Melaka, Pulau Pinang and Selangor; and private hospital groups, notably Kumpulan Perubatan Johor and the Association of Private Hospitals Malaysia (APHM). Nonetheless, more effort is required -more road shows and promotional tours need to be carried out.

As with many other new projects or programs, health tourism may need to be given a little 'push' in the form of incentives to those actively involved. Private hospitals have urged the Malaysian Government to give some form of monetary incentives to aid them in this venture, such as tax concession or exemption and special rates for importing expensive medical equipment.

The government must also not disregard the demand supply of human resources in the healthcare sector, which is the supply of specialists and paramedics in the country. There may need to be changes in policies on post-graduate medical education, nursing education to cater for the growing need of such highly skilled workers.

An ASEAN-wide framework for the portability of health insurance could be developed, which would seek to address the concerns of public and private insurers in covering medical expenses occurred in other ASEAN countries. Second, the development of rules on the privacy and confidentiality of patient information would help assure patients that foreign hospitals treat such information responsibly. Third, although there is already an ASEAN initiative to promote visa-free travel among its member countries, there is scope to further minimize visa requirement for traveling patients—for example, for patients seeking treatments requiring a stay longer than the maximum number of days allowed in tourist visas. Fourth, an ASEAN-wide system for the accreditation of high quality hospitals could be developed²⁵.

Since private medical care depends on the 'market' drive, suitable market has to be sought for optimum gain. There have been patients from the West but their numbers are relatively small, as shown in the Table below. The Minister of Health of Malaysia had indicated that middle-easterners are good potential clients, as they are known to have high expenditure on health and favour Malaysia as a holiday destination. The climate and Malaysia being a Muslim country seem to be the pulling factors²⁶.

Table 2 Selected Tourism Indicators 1995, 2000 and 2005

Indicators	1995	2000	2005
No. of tourist arrivals ('000)	7469	10,221	14,273
By country of origin (%)	73.5	70.3	63.5
Japan	4.4	4.5	5.2
China	1.4	4.2	4.8
Taiwan	3.9	2.1	2.4
Hong Kong	2.0	0.7	1.8
India	0.4	1.3	2.7
Australia	1.8	2.3	2.7
UK	2.2	2.3	2.5
USA	1.3	1.8	2.1
Average stay (days)	4.8	5.5	5.8
Revenue (RM)	9,927.8	18,756.7	29,499.5

Source: 8th Malaysia Plan Report²⁷

This brings us to realize that there is a need to focus on the countries the clients come from. We may want to recognise that a strategy which works for attracting patients from Indonesia may not work for patients from Ireland, since the expectations and needs are naturally different. Thus the industry think tank may want to recognise this diversity in the medical tourism patient population and devise strategies to tap into the niche of each of these groups of people. If the host country could focus on these very specific characteristics of the clients, the host will then be able to provide exactly what are required by these clients, the clients in turn will become happy and satisfied, and are more likely to return to the host country in the future for other treatments or holiday, and also recommend the host country to their families and friends. There are a number of countries practicing such approach. Cuba aims its services at well-off patients from Central and South America, Canada, Germany and Italy. Jordan serves patients from the Middle East, while Israel caters to both Jewish patients and people from some nearby countries.

Once the target market has been identified, the next step can begin – drawing up plans or packages tailored to the market’s needs. In other words, we need to find the market’s forte. In the Huff-Rousselle et al (1995) report on the Caribbean, researchers suggested that the Caribbean provides services not usually covered by the US national insurance scheme as their main target market are the Americans. Initially, the study considered a full range of potential services for export to Canada, the UK, and the

US, from very sophisticated technologies, such as organ transplants, to very basic services, such as retirement communities in need of very limited health services²⁵. These options were then narrowed to three or four services with potential- cosmetic surgery (including some eye surgeries), addiction treatment, spas, and retirement communities. This was done because the Caribbean had non price advantages for these services, and because these services are generally funded through direct consumer payment rather than insurance²⁵.

Malaysia could do the same by identifying the market niche, which can be ventured into. Cardiology, eye surgery, cosmetic surgery, spas and traditional and complementary medicine are examples of services we can offer. Specialised medical, surgical and wellness services are alone are insufficient to attract foreign patients to this country. The treatment and services rendered must be packaged in such a way to provide full satisfaction to these patients, not only in the treatment and high quality of care, but include the ease in getting information, transportation, lodging and touring. Everything for the patient must be planned in detail- the more welcomed the patients feel, the more satisfied they will be. An example of this approach is practiced in the Bangkok Hospital International Medical Centre –this hospital offers services in 26 different languages, recognizes cultural and religious dietary restrictions and has a special wing for Japanese patients⁷.

Language plays a pivotal role in this aspect of the service. Everything should be multilingual, from the promotional Internet

website about the participating hospitals, to having in-house interpreter service. Bangkok Hospital's website for instance, not only offers information in Siamese, but also in English, Chinese, Japanese, and Dutch. Apart from language, clarity of the information posted on the website is important. The website of Apollo Hospital (India) is extremely comprehensive and is pleasant to read. Potential international patients are provided step-by-step guide in the process of coming to the hospital, their course of stay and what would be done upon discharge⁶.

Medical or surgical treatment may not end or stop at the host country; and continuity of care mainly post-operative treatment, should not be overlooked. It is important to note that some American physicians may be reluctant to take clinical responsibility for such patients, if the surgery was performed in another country⁴. Thus it is important for the participating hospitals to ascertain the follow up arrangement plans of their foreign patients and if the follow up is to be done in their native countries, appropriate documentation of the treatment given to the patient must be provided.

CONCLUSION

Globalization has made health tourism possible and continues to flourish. For participating countries, this new industry rakes in billions of dollars a year, and is worth focusing on and being developed. In the ASEAN region, Malaysia is making a mark in the health tourism industry, thanks to the availability of medical and technical expertise, political and economical stability, high quality infrastructure, and scenic beauty of the land. Nonetheless, despite all these, Malaysia has yet to be at par with her neighbours- Thailand, Singapore and India, in terms of the number of foreign patients and the revenue gained from this industry. Thus there is a serious and urgent need to conduct research to analyze the current situation and future prospects of health tourism in Malaysia.

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