

# **SOME ISSUES IN MEDICAL TOURISM**

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## **ABSTRACT**

Medical tourism offers physical, mental, and emotional rejuvenation, a world-class treatment at third world prices. Waiting lines at countries offering universal care plans like U.K. and Canada, and escalating healthcare costs at countries like the U.S. have contributed to strong growth in medical tourism that shows few signs of abating. The paper offers a balanced assessment of the phenomena that is playing itself out on world stage.

## **INTRODUCTION**

Woodman estimates medical tourism revenues at \$20 billion for 2007, forecasting them to double in just three years [25]. McKinsey and Company estimates the figure at \$100 billion by 2012 [31]. While estimates may vary by source, the underlying premise is apparent - Medical Tourism is a high growth industry, and it's here to stay. To understand the rationale behind this explosive growth we need to look no further than our own backyard. Despite spending more than one-seventh of the country's GDP on healthcare, the U.S. healthcare system leaves 85 million Americans with insufficient or no coverage for their ailments, and 120 million without dental care [26, 27, 28]. While arguably the largest contributor in dollar terms, the U.S. is not solely responsible for medical tourism's growth. The National Healthcare System (NHS) of Britain keeps tens of thousands in waiting lines for urgently needed procedures [5]. Canada's nationalized healthcare system faces a similar fate. Millions of people from across the world travel to hundreds of countries for their healthcare. Over 1.5 million traveled to India alone, and the overall numbers are expected to increase 15-30% annually.

As Allen [15] indicates, one has to only peek at the various Mexican dental implant and lap-band obesity surgery ventures south of the U.S. border to see why half a million Americans venture overseas for healthcare. Hutchinson [28] reports on the trend where foreign travelers are increasingly combining inexpensive, high quality healthcare with good service. When the same heart valve operation that costs upwards of \$200,000 in the U.S. can be had under the expert care of U.S. trained physicians in India for under \$10,000 including

airfare and a brief recuperating vacation package, its easy to see why the trend will last. According to Bridge [5], 50,000 Britons engaged in medical tourism during 2006 saving more than 60 percent in total expenses, including traveling and beach vacation costs. In 2007 they spent £60 million on healthcare abroad. With a Luxembourg court in Britain ruling in 2006 permitting reimbursements for delayed NHS patients, the number of Britons seeking healthcare abroad are slated to increase 150% in the 2007-2011 period [3, 7].

The Internet is filled with websites like [revahealthnetwork.com](http://revahealthnetwork.com), [treatmentabroad.net](http://treatmentabroad.net), [tajmedicalgroup.co.uk](http://tajmedicalgroup.co.uk), and [surgeryabroad.org.uk](http://surgeryabroad.org.uk) that tout significant savings at hundreds of providers while bragging about their care. Hussein [6] suggests that the boom in medical tourism originating from Britain will continue so long as long lines persist at the NHS. Medical tourism may offer unique opportunity and hope to several in this group.

## **Medical Tourism Defined**

Several decades ago, the term medical tourism characterized travel by physicians to deliver healthcare to patients [23]. Reporting on his recent Harvard Business School case study, Khanna (in [1]) believes that the old model has been switched around. In medical tourism, the patients seek out the doctors in search of first world healthcare at emerging market prices. Patsner [17] attempted to define medical tourism by focusing on three groups - foreigners coming to the U.S. for care, U.S. citizens going abroad for care, and foreigners going to other destinations for care. In general, medical tourism involves international travel to receive healthcare services.

### Justification for Medical Tourism

Access and cost appear to be key factors responsible for the growth in medical tourism. The lack of access to certain procedures in some countries may be due to banning of certain operations (e.g. procedures involving stem cells for U.S. citizens), lack of technology (e.g. genetic and reproductive technologies available in the U.S. are unavailable in most countries), or a prolonged wait (e.g. universal healthcare models of Canada and Britain often result in long waiting lines for key surgical procedures) [17].

Healthcare policies of some countries involve waiting times for critically needed surgeries. In countries like Britain and Canada these wait times can often extend into several months [23]. A recent study indicates that about 1 million Canadians experience problems in getting access to needed healthcare [22]. Countries like India, Thailand, and Philippines have scores of western-trained physicians that perform various surgeries at 50 to 90% discounts over western rates [2], with no waiting. Medical tourism provides the mechanism to

get these two groups together.

A heart operation in the U.S. costs about €32,000, the same costs €16,000 in Europe, but only €3,000 in India. Similarly, a facelift that costs \$20,000 in the U.S. can be had for about \$1,250 in South Africa. In addition, as Taguri [23] points out, the international outfits that conduct medical procedure resemble four-star hotels or better, making them immensely superior to a hospital room in the US or Europe.

Hip replacements in Singapore costs one-third of that in the United States [2]. The costs for breast augmentation, tummy tuck, hip replacement, and dental implants are £4,350, £4,810, £8,000, and £2,000 in the U.K. versus £1,920 in Poland, £2,009 in Czech Republic, £3,205 in Malaysia, and £988 in Turkey respectively. All costs in foreign countries include flights and accommodations [5].

It should be noted that not all cost comparisons work out in favor of the foreign country. For instance, Hussein [6] shows that a heart bypass in Britain costs £5,000 as compared to £2,400 for a similar procedure in Thailand. However, the procedure requires a week in the hospital, three days in intensive care, followed by three weeks of monitored rest. Once these costs are added the total becomes £6,900 for Thailand (£1,900 more). As the author argues, however, the holiday aspect of the trip may be worth the differential cost.

For people who like to don't care to go too far, Belgium offers a great deal to Britons. It's only a couple of hours away, and its gall bladder removal, knee replacement, and tummy tuck costs £2,500, £6,100, and £2,400 compared to £4,650, £12,000, and £4,450 in the U.K. respectively.

#### Countries and Care Competencies

The significant profit potential in medical tourism has prompted several countries to offer healthcare packages that capitalize on their strengths. For instance, Costa Rica and South Africa are noted for plastic surgeries. Argentina is noted for high-end plastic surgeries and dental procedures. Dubai is noted for its prestige and host of a future branch of Harvard Medical School. India is noted for its high technology centers that provide open-heart surgeries, knee, kidney, and hip replacements, prostate surgeries, cosmetic and dental surgeries, along with bone marrow and cancer therapies [15, 28]. The degree to which various countries feel confident in their abilities to provide the needed care is exemplified the statement quoted in YaleGlobal online [20], which said, "In a corporate hospital, once the door is closed you could be in an American Hospital."

#### How Medical Tourism Works

Taylor [12] describes a typical medical tourism success story scenario. "They pick you up at the front door, take you to the

airport, fly you in and accompany you to all the clinical visits and operations. Then you're off to a five-star hotel to recuperate for two weeks, before flying you back and getting a private care back home. And it all comes in at half of what it would be at a private hospital in the U.K."

As the medical tourism industry is enjoying a raging growth rate, different countries have adopted a differentiation strategy to attract business. Instead of being all things to all people, the popular ones are most noted for certain types of procedures coupled with specific types of post-surgical recuperation vacation packages.

Hungary, for instance, has exploited its close proximity to Britain to offer dental treatment to the masses that are disillusioned by the long waiting at the NHS, and the lack of sufficient qualified dentists in the U.K. [18]. A recent publication reports the labor costs for dentistry at the NHS at £2.15 a minute, compared to £0.06 a minute in Hungary. The cost of a standard filling was £117 in England versus only £6 in Hungary [19].

Thailand offers healthcare to over a million tourists every year. Its Bumrungrad International Hospital with 700 board certified physicians offers a litany of services ranging from health tests for executives, and eye and cancer treatments, to cosmetic procedures like liposuction [2].

Most packages integrate the medical procedures along with rehabilitation program and leisure activities. Since most patients who engage in medical tourism are typically accompanied by three to six family members, and most stay for three to five days, hospitals and the tourism industries are partnering together to create appealing packages for the entire group [2]. The challenge lies in creating "limited frills" packages that appeal to the cost conscious consumers as well as "high-end" packages that cater to those that like to splurge.

The significant market size of the medical tourism permits countries to advertising their wares with sophisticated marketing programs. For instance, Singapore Raffles Hospital advertises in 12 countries using 50 full time agents. Similarly Parkway Group Healthcare employs agents in 15 countries to drum up its business. The sheer volume of patients traveling to some countries has prompted their leading hospitals to make deals with various airlines to offer special services. Various governments are also facilitating the creation of value-added package to add to their coffers and keeping their talented physicians in their homeland.

Even brand name insurance providers, like Blue Cross and Blue Shield of South Carolina and BlueChoice HealthPlan of South Carolina include Bangkok facilities in their plan offerings. Salud con Health Net of California provides healthcare to their Latino participants in Mexico [16].

## Benefits of Medical Tourism

The consumers get the benefit of world-class healthcare at inexpensive prices. The quality of care is generally quite good. The physician to patient ratio for most countries exceeds that of the United States. Also, certain procedures not approved by the Food and Drug Administration, e.g. hip replacement surgeries, can be performed [22].

Countries like India are striving to deliver world-class service at third world prices [24]. By combining speed, availability, and low cost with formalities like visas, tickets, and transfers, medical tourism growth rates of 15-30% a year are expected to continue into the future.

## Drawbacks of Medical Tourism

It is hard for patients to follow up their care upon returning to their native country. Quality assessments are hard to come by. The malpractice laws in each country tend to be different. The damage awards are generally much lower in the rest of the world [22]. It is also hard to know where to point the blame. Should it be the employer, the insurance company at work, the medical tourist agency, the hospital where the care was delivered, the physician in charge, the foreign government, or somebody else? The question regarding whether or not suing abroad will yield many tangible benefits is hard to answer. Perhaps a more prudent approach is to do the homework beforehand and keep oneself from facing such predicament.

Some critics feel that medical tourism in third world countries takes away competent doctors from caring for the native populations that are already underserved [1, 13]. For a country like India that spends less than 0.9% of its GDP on healthcare despite its billion plus population, the comment hits home hard. These conjectures are countered by arguments that medical tourism keeps well-trained local doctors from being lured away by foreign hospitals, and brings in significant revenue for the country.

## Concerns Regarding Medical Tourism

Patients from around the world tend to have psychological fear of third world countries [1]. While it keeps some from pursuing care, it may keep others from availing the full benefits of the care provided.

Despite its current popularity and projected high growth rates, one should not lose sight of the fact that the medical tourism industry is not regulated. While it has the potential to do society a world of good, if left unchecked, it does have the ability to cause significant harm. Accordingly, all stakeholders involved - patients, insurers, care providers, employers, family members, foreign governments and their agents, and tourism providers should have a holistic awareness

of the concept.

A major concern in medical tourism is the quality of care. Then there are issues of culture, language, traveling risks, exposure to diseases, absence of detailed pre and post operative care due to short travel itineraries, and lack of adequate legal restitution in malpractice cases [5, 17, 23]. To make matters worse, there is a total absence of large-scale studies on risks associated with medical tourism [5]. It may be hard to check credentials, talk with previous patients, or look at the success rate of surgeries performed at a destination. It may also be easy to get swayed away by the prospect of vacationing at an exotic resort at the expense of healthcare.

On the cost front, Bridge [5] mentions that costs associated with meals, inoculations, visa, traveling family members, etc are not included in the standard cost comparison tables. The possibility of finding someone locally in the desired price range should not be overlooked. It also helps to confirm that surgical procedure selected is needed, and that it is well performed at the chosen site [16].

The Joint Commission on Accreditation of Healthcare Organization (JCAHO) that basically accredited U.S. hospitals also has an international arm called Joint Commission International (JCI) [15, 16]. The total number of international hospitals accredited by it is expected to rise up to 300, with about 100 additional hospitals joining the ranks every year. In addition, several medical tourism agencies provide information on physicians' credentials. While several physicians catering to the medical tourist market are foreign trained, some are not. Often times their U.S. colleagues recognize their names, and are familiar with their work.

There is some anecdotal evidence to suggest that some authors may be overstating the fear factor regarding quality. For instance, Taguri [23] reports a 0.8% mortality rate in 15,000 heart surgeries performed at a leading heart institute in New Delhi, India. Major U.S. hospitals average mortality rates are more than twice as high. Birch (in [2]) reports that the facilities catering to the medical tourism patients are among the best in the world. The Apollo Group of hospitals in India knows how to cater to the patients from the time they arrive in India until they depart [10]. Patients who have received treatment at these hospitals serve as ambassadors for the Apollo Group.

Another way to look at medical tourism is as medical outsourcing. Evidence from outsourced U.S. production industries suggests that medical outsourcing may cause the U.S. to lose its healthcare edge in the marketplace. While some cost pressures caused by this medical tourism may help tame the out-of-control healthcare costs, an ongoing out surge of U.S. dollars going overseas is liable to impact the industry and the GDP long term.

In the west it's common for recipients of substandard care to sue the care providers, with winners receiving large settlements. Such

scenarios are rare if not non-existent in third world countries [12] because of inefficient, overly burdened, and often corrupt legal systems.

One should avoid healthcare facilities that have a poor or no track record of surgical successes and failures [12]. While it is helpful to restrict care providers to those who have collaborated with western hospitals, it should not be taken as a precondition. .

#### What the Future Holds in Store

According to a recent article in the Daily Mail [18] Britons have traveled to 112 hospitals in 48 countries for care, with 70,000 making the trip in 2007 alone. More than 100,000 foreign patients were treated in India during 2005. Including countries like Thailand, Singapore, South Korea, and Malaysia makes the number grow to 1.3 million by 2006 [2]. The numbers are growing yearly at a 15-30% rate, as are expected to yield \$2.2 billion annually by 2012 for India [23]. Estimate for Asia as a whole is about \$4 billion by 2012 [2]. Singapore is expecting to contribute \$1.6 billion to its GDP by 2012, while Malaysia expects \$590 million in the same time frame. According to Birch (in [2]) Asia with its cost advantages, high quality, and travel networks is ideally suited for medical tourism.

Many countries are jumping aboard the medical tourism bandwagon. For instance, Argentina, Bolivia, Brazil, Cuba, Costa Rica, Jamaica, Jordan, Hungary, Latvia, Lithuania, Malaysia, Philippines, South Africa, etc. are all touting active programs that cater to specific healthcare ailments as well as vacation spots. Dubai is planning to open a healthcare city by 2010 that will arguably be the largest facility of its kind between Europe and Southeast Asia [28].

The baby boomers in the U.S., Canada, Europe, New Zealand, and Australia are approaching retirement age. By the year 2015, Hutchinson [28] estimates over 220 million of them will need to care for their declining health. The size of the average U.S. hospital bill in 2004 was \$6,280, twice that of other western countries [14]. The comparison is arguably far worse today since U.S. healthcare costs have increased at several times inflation over the last several years, a trend not shared by countries providing medical tourism.

The overseas organ transplant market for livers, kidneys, heart, pancreas, and lungs is estimated to perform over 115,000 procedures, estimated at \$5.25 billion by 2012 [30]. The seemingly abundant supply of needed organs is facilitating this industry's growth.

There may be economic consequences for hospitals if medical tourism continues its growth run into the future [22]. The high-end surgeries that add significantly to their bottom line could diminish in frequency. From a consumer standpoint the healthy competition provided by overseas options may help to rein in domestic costs that have for

decades faced no competition or barriers to exponential growth.

The medical tourism industry has led to alliances between the healthcare providers and the tourism industry. Additional alliances between the healthcare providers and the hospitality industry are likely in future [4]. While the Indian techniques of yoga and Ayurvedic medicine continue to allure the world, low-cost operations by skilled doctors trained in western methods will probably keep the medical tourist industry thriving.

Countries that provide medical tourism will have to figure out creative ways to care for their indigenous populations while enticing tourists [13]. Perhaps the enriched treasuries will help boost the domestic healthcare spending in these countries.

#### Implications for Managers

An interesting test case of medical tourism is provided by the Blue Ridge Paper Products Company. Working through an intermediary, the company allows its employees to get their ailments treated in one of several Indian hospitals. The bottom line is quite revealing - a savings of 70% in healthcare expenditures [10]. The buying power of the U.S. dollar is estimated at 5 times that of the Indian Rupee using purchasing-power parity comparisons, which allows Blue Ridge to reap the benefits.

All the candidates in the U.S. 2008 election are touting their version of the healthcare plan to fix the healthcare crisis. A recent paper [11] warns that the fine print of their plans may preclude medical tourism. Managers, therefore, need to be aware of it when supporting their candidates.

The healthcare costs in the U.S are in the stratosphere, and despite the on-going public outcry and the political chatter, major remedies may be years away at best. Employers' healthcare premium rose 73% between 2000 and 2006 while the average employee contributions rose 143% [14]. As insurance companies gather more evidence on medical tourism, they are likely to encourage, not just agree, with patients request for foreign care. While critics are likely to argue that sending U.S. healthcare dollars overseas will deplete the U.S. hospital profit centers, the situational economics may dictate otherwise. Some care providers are already teaming up with overseas healthcare operations. Not to be outdone, some governments are also actively pursuing the lucrative underserved U.S. market. Increasing transparency regarding procedures, cost, quality, and credentials is being delivered via the Internet, aimed at winning over the skeptics [17].

The economics of medical tourism are hard to ignore. Government research estimates that the average medical tourism spends \$362/day. This compares with only \$144/day for a non-medical tourist [2].



Countries are going to cater to the whims of the medical tourists to pad their own treasuries. It is expected that niche packages that cater to the individual tastes of the medical tourists will be routinely offered and fiercely contested. The quality of service can be expected to increase even further to feed the growth in the industry and the supporting infrastructure. While the medical establishment of some countries may be forced to change behavior in response to the medical tourism popularity, such changes are probably going to be slow in the making. For instance, there is a pressing need to get reliable quantitative data about medical tourism via the Internet [9].

Several factors may impact the long-term growth rate of medical tourism. The common ones include insurance market, legislation, image problems, and inelastic demand [22]. After ignoring the medical tourism phenomena for decades, the insurance industry has only lately started paying attention to it, mostly because of its positive impact on the bottom line. Companies like OptiMed Health and United Group Programs have begun offering overseas treatment options in their plans [15]

A wholesale adoption is probably several years away. The legislature needs to figure out a way to include medical tourism into the insurance plans. Since such efforts are likely to impact the bottom line for physicians and hospitals, it's likely to be contested by the American Medical Association. The perception that medical tourism is home of substandard care still exists in the mind of several consumers. The degree to which this perception changes over time will impact the growth of medical tourism. Foreign surgical demand makes a compelling economic argument for expensive domestic surgeries costing over \$1,000. For low cost surgeries, however, the motivation for engaging in foreign travel is not very pronounced.

## **CONCLUSIONS**

For the myriad of companies that bemoan the fact that their healthcare premiums make their products less competitive in the world marketplace, medical tourism may offer a solution. Facing the threat of losing market share, or the possibility of bankruptcy, the prospect of going overseas for healthcare seems palatable. While some hearts and minds will have to be won, and some politically charged commentary regarding outsourcing battled, the solution may be well worth considering.

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