MEDICAL TOURISM IRRITATES DOCTORS

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With the growth of medical tourism, role of Medical Tourism Facilitators (MTFs) has become important not only for patients but also for other stakeholders including doctors. The dynamic of dominance associated with all stakeholders have implications in business development. The status of doctors in this ever-changing dominance structure has been affected adversely. This study aimed to address the issues of doctors in the industry. Result shows that doctors of destination as well as market country were concerned about the issues related to dominance in health care services and post treatment complications. Other direct stakeholders like patients and nurses were also found unfavorable for existing dominance of doctors at destinations. The collaboration between doctors and MTFs has to be restructured with more input from doctors is other finding of the study. The indication towards interest of small sized hospitals and doctors to participate in the industry shows trends of its growth. Future research may address the commercial interest of both stakeholders and effects of their relationship on business performance.

Keywords: Medical Tourism, Facilitators, Doctors, Roles, Irritated, Issues.

Medical tourism is travelling to foreign nation with objective to receive medical treatment (Carrera & Lunt, 2010). These days, patients are traveling mainly for reproductive treatment, organ transplant and dental care (Smith, Álvarez, & Chanda, 2011). It is an ancient old practice and recent "Medical Tourism' is just a new trend of this practice (Eissler & Casken, 2013). In past, rich people of underdeveloped and developing countries travelled to developed world for better treatment and now the movement with same objective together with price consciousness is of ordinary people from developed to developing countries (Phua, 2010). Medical tourism has been studied by a number of researchers and different aspects have been analyzed empirically (Crooks, Turner, Snyder, Johnston, & Kingsbury, 2011; Kumar, Breuing, & Chahal, 2012; Hall, Voigt, Brown, & Howat, 2011; Smith, 2012). It is a rapidly growing industry and it has contributed $11766 millions in 2010 (Lautier, 2014). Reasons for its growth are availabilities of advanced technology (Kangas, 2007), better health care ((Gan & Frederick, 2011), affordability (Demicco & Cetron, 2006; American Medical Association, 2007; Forgione & Smith, 2007; Turner, 2007), Demicco & Cetron, 2006; Forgione & Smith, 2007; American Medical Association, 2007; Turner, 2007) and privacy (Horowitz & Rosensweig, 2008). It has attracted much attention from researchers but very little has been studied about its stakeholders which directly includes patients, medical tourism facilitators and medical doctors. Medical professionals, private hospital, travel trade and government are getting increased benefits, and ever-new strategies formulations and implications are from their side. Commercializations of

health care services have motivated advancement of organizational structure. Marketing campaigns to attract foreign patients have been augmented (Labonte, 2013a). Renowned hospitals are promoting their brand, as entrepreneurs at international level (Crooks, Turner, Snyder, Johnston, & Kingsbury, 2011). Emergence of internet services and increased number of workshops and fairs with objective “to make a deal” between doctors and MTFs are playing a catalytic role in promotion of medical tourism (Labonte, 2013b). Detailed literature review indicates very few studies focused on functioning and issues of doctors in medical tourism. The present study is aimed to identify the problems of doctors serving both at destination as well as market country. The study is based on secondary data and divided in three sections -namely introduction, role of facilitators and problems of doctors.

Medial Tourism Facilitators

Medical Tourism Facilitators (MTFs), a bridge between patient and doctors has become key player in the business. MTFs are providing a global platform (internet based) for the promotion of business of other stakeholders. Doctors also rely on MTFs for marketing, advertising, references and other arrangements for patients which are required services during and after treatment. They are providing information for one or multiple treatment facilities available at one or multiple hospitals located in different countries ((Lunt et al., 2009). MTFs based in non-western world were found focused on treatment services of single country while MTFs working in western world were with provisions of multiple destinations. The studies also indicated limited contact between patients and MTFs. Snyder et al. (2011) divided MTFs into brokers and facilitators categories, based on their intensity of involvement. Brokers (MTFs) were just referring patients to hospitals but facilitators (MTFs) were found with more active role in providing of all services required not only by patients but also by all other direct and indirect stakeholders of medical tourism. Hopkins et al. (2010) indicated that MTFs market and expend the industry by promoting business for insurance companies and hospitals. These activities constitute enhancement of supply. The role of MTFs is well documented in literature (Lunt et al., 2009; Penney, Snyder, Crooks, & Johnston, 2011). In the efforts to expand the business, they market the features like low cost, improved technology, high quality of care and professional expertise of doctors (Mason & Wright, 2011). Sobo, Herlihy, & Bicker, (2011), Crush et al., (2012) found that MTFs are advertising 24/7 services, convenience, friendly and personalized touch in healthcare services and exotic places for tours. Amidst the tall promises, they downplay risks associated with legal liabilities related to complications occurring after treatment and malpractices of the industry (Mason & Wright, 2011; Penney et al., 2011). The credibility of MTFs is mainly based only on testimonials and simple statements of service users (Mason & Wright, 2011). But MTFs are ready to take individual care of patients provides the information for their jumping from waiting list, comparative prices, doctors’ fee and information regarding differentiations in currency values (Sobo et al., 2011). But in contemporary times, lack of universal accepted regulations and shortage of doctors who are familiars with foreign markets and languages are creating problems and uncertainty in growth of their business.

Doctor's irritation

In process of making business internationalized, doctors who run their small or middle sized hospital or clinic needs the skill set related to health care advertisement, management of international patients and strong networking. But in most of the cases, they do not have formal training and are compelled to be dependent on MTFs through alliances or collaborations. The so called dependency also gives them access to a more large size cliental. But some doctors who do not like to be negotiated by MTFs started their own ventures. A Portuguese doctor established his own hospital in Macao (Lam, du Cros, & Vong, 2011). Plastic Surgeons of Costa Rica actively marketed and treated USA patients before emergence of big players (Ackerman, 2010). Chee (2010) found the existence of stronger marketing of hospitals/doctors in comparison to government efforts. Doctors in South Africa also were stated as 'active' in attracting the international patients, even in presence of restrictions on facilitators' websites, referrals and advertisement. This indicates the intentions of doctors to grab the business opportunity created by medical tourism. In context of professional dominance, MTFs are threatening the position of dominance occupied by the doctors. At early stages, small and middle sized hospitals and doctors pay commissions to MTFs but as the size and turnover of MTFs increase and later become more interested to choose hospitals and doctors based on market demands. Sometimes MTFs have their own criteria to approve hospital and doctors who make doctors to think that their skill set of health sciences is unimportant in negotiations. Tough competition deprive them in setting their terms and conditions of engagements. But doctors are like incumbents of healthcare services in many societies (Abbott, 1988; Johnson, 1972; Freidson, 2001; Macdonald, 1995; Larson, 1977; Starr, 1982). Medical dominance indicates the autonomy of doctors about treatment, method used and content of work. The same have given them most significant position among stakeholders of the process. In most of the cases, it was found that relationship 'patriarchal doctor-patient relation" also got criticism because of limited participation of patients in decision making. Mold, (2013) revealed that the concept "more choices for patients" have opened more communication channels and interactions which effects doctors' dominance and term of engagement. The doctors' behavior towards other occupations of health care services is also a result of this status. Not only the patients but public also consider other occupations of health care as inferior. Salhani & Coulter (2009) said the nurses' services are supportive to actual or real medical process. Generally less important tasks and even the duties which are perceived as dirty are given to nurses (Freidson, 1988). Doctors also design nurses training programs and enjoy a managerial role on their functioning. As a result nurses show their defensiveness. The other stakeholders are pharmaceutical companies which presents costly gifts like trips, cars and conferences to doctors for commercial benefits. This stakeholder tries to influence doctors choices related to therapies and drugs (Halperin, Hutchison, & Barrier, 2004; Peay & Peay, 1988).This also strengthens doctors' status of dominance. The dominance struggle between doctors and managers or administrators of corporate hospitals was also witnessed by studies of Kirkpatrick, Jespersen, Dent, & Neogy (2009). For these power struggles Elliott Freidson in liberal economies (2001) used word "assault" on dominance and autonomy. The control of market (i.e. consumers, facilitators etc.) and managers (administrators) stated to affect the work contents of doctor. Defining diseases and selecting treatment procedures can be affected by this control (Harrison and Ahmad, 2000). To diagnose disease and to choose treatment methods are based on their skill set, expertise and skill, and

therefore indicate their ability to do so. But it gets challenged by market. The doctors frequently become irritated and resist the given schedules and reutilizations of work in corporate hospitals (Doolin, (2002); Hamilton, (2008); McLaughlin and Webster (1998). Flynn (1999: 22) highlighted doctors' protectionist approach in defining consulting charges and term and condition of labor.

The dominance struggle of doctors also affects their relationship with MTFs. Adversely affected their business can be hurdles for promotion of medical tourism promotion. Doctors' voice of criticism for the surgeon of Costa Rica who becomes engaged in medical tourism was studied by Ackerman, (2010). A number of other studies available in literature have indicated sceptical doctors at market countries (Caulfield & Zarzeczny, 2012; Foss, 2012; Jones & McCullough, 2007; Jeevan & Armstrong, 2008; Mattoras, 2005; Wachter, 2006 Miyagi, Auberson, Patel, & Malata, 2011; Pimlott, 2012; McKelvey, David, Shenfield, & Jauniaux, 2009; Terzi, Kern, & Kohnen, 2008;). The reasons for it are complications arising after treatment. Emergent surgeries become requirement after tourists' arrival at home (Birch et al. (2010). Jeevan and Armstrong (2008) found that 37% of UK based dentists attended post-treatment complications of medical tourists. Inhorn & Patrizio, (2009) highlighted activity of "Canadian medical community of fertility and andrology" for restraining the medical tourists' movements. Several researches have revealed that doctors at origin countries have feelings of annoyance towards MTFs and doctors of destination countries (Johnston, Crooks, & Snyder, 2012). The medical tourists' departure without consultation of family doctors found a reason of irritation among doctors of market country. In Canada, doctors' efforts to de-motivate the patients overseas travelling have been felt by MTFs. Doctors even don't want to talk with MTFs and their engagement in approval for overseas treatment is like "professional suicide" in words of Snyder et al., (2011). The discussion indicates requirement of more studies to investigate and address the issues related to doctors who are backbone of medical tourism. Timely and effective measure can solve the problems and will make a smooth track of medical tourism for future.

Conclusions & Recommendations

This study made an analysis of business relationship among different stakeholders of medical tourism. The industry mainly supported by MTFs, was found unstable in term of reliability in dynamic environment created by changing in demand trends. The role of doctors at both destination as well as market country was found associated with issues of dominance and post-treatment complications. The dominance of doctors was also noticed in struggling phase. Large sized MTFs are trying to influence the methods and procedures of treatment while patients were also unfavorable to "patriarchal doctor-patient relationship". Doctors' reluctance to work in participation or under control of someone who is not health professional was another issue highlighted for address. Associations of doctors (for example in case of Canada) are in opposition of patients overseas travelling. The attitude of approval for overseas treatment in origin country (like professional suicide as discussed in paper) should be timely considered with a due weightage to doctors. The role of doctors and MTFs need to be based on mutual understanding and trust. As new small sized hospitals are in pipeline to be on listed by MTFs, the growth of the industry appears in positive trend.

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