

PROJECT REPORT ON
MEDICAL TOURISM

SUBMITTED BY
MR.PARAG GAWADE
T.Y.B.M.S. SEMESTER V
ACADEMIC YEAR: 2007 - 2008

PROJECT GUIDE
PROF. BOOMA HALPETH

SUBMITTED TO
UNIVERSITY OF MUMBAI

PARLE TILAK VIDYALAYA ASSOCIATION'S
MULUND COLLEGE OF COMMERCE,
MULUND (WEST), MUMBAI - 400 080.

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ON

MEDICAL TOURISM

**SUBMITTED TO THE UNIVERSITY OF MUMBAI IN THE
PARTIAL FULFILLMENT FOR THE DEGREE OF BACHELOR OF
MANAGEMENT STUDIES**

BY
MR.PARAG GAWADE

TO
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PROF. BOOMA HALPETH
MULUND COLLEGE OF COMMERCE,
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BACHELOR OF MANAGEMENT STUDIES



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Date of Submission: 1-09-2007

DECLARATION

I, MR.PARAG GAWADE, STUDENT OF MULUND COLLEGE OF COMMERCE, MULUND (WEST), MUMBAI – 400 080 STUDYING IN T.Y.B.M.S. HEREBY DECLARE THAT I HAVE COMPLETED THIS PROJECT ON “MEDICAL TOURISM” DURING THE ACADEMIC YEAR 2007–2008. THE INFORMATION SUBMITTED IS TRUE AND ORIGINAL TO THE BEST OF MY KNOWLEDGE.

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Have satisfactorily carried out the project work entitled for MEDICAL
TOURISM in partial fulfillment of **Bachelor in Management Studies** in
year 2007-2008.

PROJECT GUIDE:

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(PRINCIPAL)

(DATE & SEAL OF COLLEGE)

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It is indeed a moment of great pleasure and immense satisfaction for me to express my sense of profound gratitude and indebtedness to all the people who have contributed to make my project a great success. It is appropriate for my acknowledgement to start with thanking for assigning me to the work in the projects section, T.Y.B.M.S.

I thank my supervisor PROF. BOOMA HALPETH for her careful supervision and guidance. I thank her for giving us the opportunity to work on this project.

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I must admit that working with a novice must have been a very tiring task for professionals of such a high caliber and yet she was very helpful to me during the period of my project and was very patient with me whenever I made mistakes.

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EXECUTIVE SUMMARY

Today India is developing at a faster rate. India is becoming a powerful country. In order to become economically powerful, India needs to bang on new opportunities and improve its condition. It needs to make improvements in the current industrial scenario and to start some new industries or services and medical tourism is such a service industry which we are going to focus upon in this project.

Medical tourism is not a widely used concept. It could be heard only in developed countries. But today we can hear it in India too. So here the project tells us how medical tourism was evolved.

The project report gives an overview of medical tourism all around the world. It explains us what is known as medical tourism and how much does it contributes towards the development of the nation. The main focus of the project report is on Indian medical tourism industry. After providing an overview of this industry all around the world it tries to explain about the overall tourism industry in India.

It explains about the SWOT analysis of tourism industry in India, later on it covers about medical tourism which is a part of tourism sector. It tells about the advantages the foreign patients get in India, it explains about the cost benefit. It also helps to understand the future prospect for India. The industry has got a very high potential for growth and prosperity. It can help India to earn lot of foreign exchange. Though the industry has got such a high potential then why is India lagging behind. The reason is initiative not taken by Indian government.

So the need of the hour is promotion of this industry. The other most important reason why India has not been able to attract more customers is that there is no specific campaign which only promotes medical tourism. The incredible India campaign has catapulted India in the top 5 must visit unique destination for lonely planet but so far as it goes Thailand, Bangkok and other east Asian countries are still market leaders. Therefore there is still scope that with specific marketing, advertising and promotion campaigns considerable number of tourists can be attracted.

Today India has got lot of skilled, efficient and competent level of doctors, specialists and consultants. World over patients and hospitals trust Indian doctors without doubt. This is therefore an advantage for India. Patients from around the globe expect the best of services solely based on the reputation of doctors of Indian origin. But so far the government has failed to realize the advantage of this important factor. This

reputation and goodwill that Indian doctors enjoy could be leveraged to attract and promote Indian medical tourism.

Later on the projects also tells as to where does India need to improve and what are the initiatives taken by the Indian government to promote the industry. So the main purpose of the project is to explain about the medical tourism industry and the opportunities which lie ahead not only for India but also for private players in domestic market and the corporate world.

Research Methodology

Through this project I have made an effort to understand medical tourism which is being increasingly recognized by all the countries as a powerful tool that helps in increasing their revenue by providing quality services to foreign customers or patients at lowest possible cost. It also gives a way to other service industries like hospitals, tourism etc. an opportunity to enter in the market and survive. It also helps to create employment opportunities in this field.

Primary Research:

The aim of primary research was to understand medical tourism as it is seen in the corporate world. But it was not possible to get an appointment of any hospital. Instead of giving me an appointment, Wockhardt hospital asked me to contact them via e-mail and the customer service helpline provided me with little information which was of great use for me.

The mode of interview used was an informal one where he answered my questions on one to one basis.

They also provided their cost structure for different kind of surgeries.

Secondary Research

The aim of secondary research was to understand as to what efforts are taken by India to promote medical tourism. Also to understand what are the opportunities which India can get through this industry?

It was also undertaken to understand how the procedure for visit is done and who are the current players in the global as well as Indian market.

Secondary data collection sources: internet, books, newspaper articles

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Introduction

Medical tourism in India

After the silicon rush India is now considered as the golden spot for treating patients mostly from the developed countries and far east for ailments and procedures of relatively high cost and complexity. India is also aggressively promoting medical tourism in the current years -and slowly now it is moving into a new area of "medical outsourcing," where subcontractors provide services to the overburdened medical care systems in western countries.

India's National Health Policy declares that treatment of foreign patients is legally an "export" and deemed "eligible for all fiscal incentives extended to export earnings."

Government and private sector studies in India estimate that medical tourism could bring between \$1 billion and \$2 billion US into the country by 2012.

Going by the Statistics and various studies it can be easily said that India would be the leader in medical tourism within the next decade if only it could improve the infrastructure and tour attractions. The question or rather the doubt that is often asked by critics is how can India provide top line medical care to outsiders while more than 40% of its people languished below poverty line and less than 20% of its people can actually afford medical services. Ethically and morally this problem has to be solved if India has to move into the category of developed country and also as a place which provides medical care to both its own people and patients from other country

The aim of this project is to put a finger on the highly profitable service of medical care combined with tourism in which India is currently considered as a market leader. It has been a known fact for past many decades that Indian doctors are highly skillful in their given field since all around the globe most hospitals have doctors of Indian origin. Therefore it became almost natural that this trend extended to India.

This project also aims to show why India is attracting medical tourists, is it really a secure destination and how India can promote and develop this particular activity in the coming years so as face competition given by other Asian and African options.

Medical tourism: A Global perspective

Medical tourism happens when patients go to a different country for either urgent or elective medical procedures. This phenomenon is fast becoming a worldwide, multibillion-dollar industry.

The reasons patients travel for treatment vary. Many medical tourists from the United States are seeking treatment at a quarter or sometimes even a 10th of the cost at home. From Canada, it is often people who are frustrated by long waiting times. From Great Britain, the patient can't wait for treatment by the National Health Service but also

can't afford to see a physician in private practice. For others, becoming a medical tourist is a chance to combine a tropical vacation with elective or plastic surgery.

And moreover patients are coming from poorer countries such as Bangladesh where treatment may not be available and going for surgery in European or western developed countries is expensive.

The interesting thing of Medical tourism is that it is a concept which is actually thousands of years old. In ancient Greece, pilgrims and patients came from all over the Mediterranean to the sanctuary of the healing god, Asculapius, at Epidaurus. In Roman Britain, patients took a dip in the waters at a shrine at *Bath*, a practice that continued for 2,000 years as it was believed that the waters had a healing property . From the 18th century wealthy Europeans traveled to spas from Germany to the Nile. In the 21st century, relatively low-cost jet travel has taken the industry beyond the wealthy and desperate.

Countries that actively promote medical tourism include Cuba, Costa Rica, Hungary, India, Israel, Jordan, Lithuania, Malaysia and Thailand. Belgium, Poland and Singapore are now entering the field. South Africa specializes in medical safaris-visit the country for a safari, with a stopover for plastic surgery, a nose job and a chance to see lions and elephants.

Thailand

While, so far, India has attracted patients from Europe, the Middle East and Canada, Thailand has been the goal for Americans.

India initially attracted people who had left that country for the West; Thailand treated western expatriates across Southeast Asia. Many of them worked for western companies and had the advantage of flexible, worldwide medical insurance plans geared specifically at the expatriate and overseas corporate markets.

With the growth of medical-related travel and aggressive marketing, Bangkok became a centre for medical tourism. Bangkok's International Medical Centre offers services in 26 languages, recognizes cultural and religious dietary restrictions and has a special wing for Japanese patients

The medical tour companies that serve Thailand often put emphasis on the vacation aspects, offering post-recovery resort stays.

South Africa

South Africa also draws many cosmetic surgery patients, especially from Europe, and many South African clinics offer packages that include personal assistants, visits with trained therapists, trips to top beauty salons, post-operative care in luxury hotels and safaris or other vacation incentives. Because the South African rand has such a long-standing low rate on the foreign-exchange market, medical tourism packages there tend to be perpetual bargains as well.

Argentina

Argentina ranks high for plastic surgery, and Hungary draws large numbers of patients from Western Europe and the U.S. for high-quality cosmetic and dental procedures that cost half of what they would in Germany and America.

Dubai

Lastly, Dubai--a destination already known as a luxury vacation paradise--is scheduled to open the Dubai Healthcare City by 2010. Situated on the Red Sea, this clinic will be the largest international medical center between Europe and Southeast Asia. Slated to include a new branch of the Harvard Medical School, it also may be the most prestigious foreign clinic on the horizon.

Other countries

Other countries interested in medical tourism tended to start offering care to specific markets but have expanded their services as the demand grows around the world. Cuba, for example, first aimed its services at well-off patients from Central and South America and now attracts patients from Canada, Germany and Italy. Malaysia attracts patients from surrounding Southeast Asian countries; Jordan serves patients from the Middle East. Israel caters to both Jewish patients and people from some nearby countries. One Israeli hospital advertises worldwide services, specializing in both male and female infertility, in-vitro fertilization and high-risk pregnancies. South Africa offers package medical holiday deals with stays at either luxury hotels or safaris.

Indian tourism: An overview

Tourism will expand greatly in future mainly due to the revolution that is taking place on both the demand and supply side. The changing population structure, improvement in living standard, more disposable income, fewer working hours and long leisure time, better educated people, ageing population and more curious youth in the developed as well as developing countries, all will fuel the tourism industry growth.

The arrival of a large number of customers, better educated and more sophisticated, will compel the tourist industry to launch new products and brands and re-invents traditional markets. The established traditional destinations founded on sun-sea-sand

products will have to re-engineer their products. They must diversify and improve the criteria for destinations and qualities of their traditional offers. Alongside beach tourism, the tourism sector will register a steady development of new products based on natural rural business, leisure and art and culture. Thus the study of new markets and emerging markets and necessity of diversified products are the basis of our strategy, which can enhance and sustain, existing and capture new markets.

It is India's vastness that challenges the imagination: the sub-continent, 3200km (2000 miles) from the mountainous vastness of the Himalayas in the north to the tropical lushness of Kerala in the south, is home to one sixth of the world's population, a diverse culture and an intoxicatingly rich history. Desert in Rajasthan, tropical forests in the north eastern states, arid mountains in the delta region of Maharashtra and Karnataka and vast fertile planes in northern states of Uttar Pradesh, Haryana etc are just some of the geographical diversity that can be observed. We have a wealth of archeological sites and historical monuments. Manpower costs in the Indian hotel industry are one of the lowest in the world. This provides better margins for any industry which relies on man power.

One of the fascinations of India is the juxtaposition of old and new; centuries of history – from the pre-historic Indus civilization to the British Raj – rub shoulders with the computer age; and Bangalore's 'Silicon Valley' is as much a part of the world's largest democracy as the remotest village is.

Weakness

Lack of adequate infrastructure is the biggest problem that India faces. The aviation industry in India, for example, is inefficient and does not provide even the basic facilities at airports. The visitors are appalled by the poor sanitation in the public restrooms at the international airports. The road condition in India is very worse. The population has grown exponentially since 1947 but we still use the same rail system constructed by the British.

Even now the government spends next to nothing on proper marketing of India's tourism abroad. As a result foreigners still think of India as a country ridden by

poverty, superstition, and diseases with snake charmers and sadhus at every nook and cranny. Case in point Thailand; where in spite of the huge problem of bird flu disease the tourists arrival only dropped by less than 15% whereas in India when cases of plague started occurring in Surat in 1994 the arrival of foreign tourists in India decreased by almost 36%.

Opportunities

More proactive role from the government of India in terms of framing policies.

Allowing entry of more multinational companies into the country giving us a global perspective.

Growth of domestic tourism. The advantage here is that domestic tourism and international tourism can be segregated easily owing to the difference in the period of holidays.

Threats

Political turbulence within India in Kashmir and Gujarat has also reduced tourist traffic. Not only that fear of epidemics such as for malaria, cholera, dengue, plague etc are foremost in the mind of European and American patients. Aggressive strategies adopted by other countries like Australia, Singapore in promoting tourism are also not helping.

What is India Offering:

AYURVEDA

India has a rich heritage in the areas of traditional and natural medicines. The earliest mention of Indian medical practices can be found in the Vedas and Samhitas of Charaka, Bhela and Shusruta. A systematic and scientific approach was adopted by the sages of the time leading to the development of a system that is relevant even today. India is the land of Ayurveda. It believes in removing the cause of illness and not just curing the disease itself. It is based on herbals and herbal components without having side effects.

Ayurveda considers that the base of life lies in the five primary elements; ether (space), air, fire, water and earth. And the individual is made up of a unique proportion of the five elements in unique combinations to form three doshas (vata, pita and kapha). When any of these doshas become accute, a person falls ill. Ayurveda recommends a special life style and nutritional guidelines supplemented with herbal medicines. If toxins are abundant, then a cleaning process known as Panchkarma is recommended to eliminate those unwanted toxins and revitalize both mind and body. Ayurveda offers treatments for ailments such as arthritis, paralysis, obesity, sinusitis, migraine, premature aging and general health care. Kerala is a world tourist destination and part of the reasons lies with the well- known stress-releasing therapies of famed Ayurvedic research centers. The climate along with the blessing of nature has turned Kerala into the ideal place for ayurvedic, curative and rejuvenating treatments.

YOGA

If Ayurveda is the science of body, yoga is the science of the mind. Practiced together they can go a long way in making an individual fit. The word yoga means to join together. The ultimate aim of yoga is to unite the human soul with the universal spirit. Yoga was developed 5000 years ago and the base of yoga is described in the Yoga Sutra of Patanjali.

This describes eight stages of yoga. These are Yam (universal moral commands), Niyam (self purification), Asana (posture), Pranayama (breathing control), Prathyahara (withdrawal of mind from external objects), Dharana (concentration), Dhyana (meditation), and Samadhi (state of superconsciousness). To get the benefits of yoga, one has to practice Asana, Pranayama and Yoganidra. With the regular practice of asanas one can control cholesterol level, reduce weight, normalize blood pressure and improve cardiac performance. Pranayama helps to release tensions, develop relaxed state of mind and Yoganidra is a form of meditation that relaxes both physiological and psychological systems. Today, yoga has become popular in India and abroad and in a number of places including urban and rural areas yoga is taught and practiced.

SPA TREATMENT

Most of the other parts of the world have their own therapies and treatment that are no doubt effective in restoring wellness and beauty. New kinds of health tours that are gaining popularity in India are spa tours. Spas offer the unique advantages of taking the best from the west and the east combining them with the indigenous system and offering best of the two worlds. In hydrotherapy, Swedish massages work with the Javanese Mandy, lulur, aromatherapy, reflexology and traditional ayurveda procedures to help keep the tourist healthy and enhance beauty. Combining these therapies with meditation, yoga and pranayama make the spa experience in India a new destination for medical tourism. The spas are very useful for controlling blood pressure, insomnia, cure tension, depression, paralysis and number of other deadly diseases. Ananda Resort in Rishikesh, Angsana Resort, Golden Palm Spa and Ayurgram in Bangalore offer ayurveda, naturopathy, yoga and meditation packages. (Gaur Kanchilal) Allopathy India has made rapid strides in advanced health care systems, which provides world-class allopathic treatment. This has become possible because of the emergence of the private sector in a big way in this field. More and more foreign tourists are realizing that India is an ideal place for stopover treatment. Indian Multi-specialty hospitals are providing worldclass treatment at an amazingly economical cost as compared to the west. Quality services and low price factor primarily go in favour of India. The cardio care, bone marrow transplantation, dialysis, kidney transplant, neuron–surgery, joint replacement surgery, urology, osteoporosis and numerous diseases are treated at Indian hospitals with full professional expertise. Apollo hospital group, Escorts in Delhi, Jason Hospital, Global Hospital, and Max Health Care are catering to medical care for international patients in the areas of diagnostic, disease management, preventive health care and incisive surgeries.

The tourism department has devised websites in order to provide information. Many Ayurveda health resorts that are owned and run by traditional Ayurveda Institutes have come up. Ayurgram is a novel concept that not only offers heritage accommodation but also offers a whole range of Ayurvedic treatments and rejuvenating packages. Similarly hotels have also included these types of packages in their holidays. Some of the tour operators have worked out all-inclusive medical treatment package that include treatment, accommodation, food, airport transfers, post operation recuperative holidays, along with a host of other facilities. 328 This in fact shows our product offers true value for money for service. Many world-class state-of-the-art furnishing

and equipment are being added to our Ayurveda Resorts to welcome international guests. Along with these hospitals there are many centers which offer not just physical but emotional and spiritual healing to patients. With all these India is going to be one of the leading medical health care destinations in the near future.

SPIRITUAL TOURISM

Globally people are increasingly mentally disturbed and looking for solace in spiritual reading, meditation and moments of divine ecstasy. Our country has been known as the seat of spiritualism and India's cosmopolitan nature is best reflected in its pilgrim centres. Religion is the life-blood for followers of major religion and sects. Hinduism, Islam, Buddhism, Jainism, Zoroastrianism and Christianity have lived here for centuries. The visible outpouring of religious fervor is witnessed in the architecturally lavish temples, mosques, monasteries and Churches spreads across the length and breadth of the country. India is not only known as a place rich in its culture with varied attractions but also for many places of worship, present itself as embodiments of compassion where one get peace of mind. Thus India has been respected as a destination for spiritual tourism for domestic and international tourists. Spiritual tourism is also termed as religious heritage tourism. It includes all the religions mentioned above; religious places associated with, emotional attachment to these centers and infrastructure facilities for the tourists. This can also be referred to as pilgrimage tourism, as clients are not looking for luxury but arduous journeys to meet the divine goal or simple life. The essence of spiritual tourism is inner feeling through love. Love should not be rationed on the basis of caste, creed and economic status or intellectual attainment of the recipient. Religions come into existence for the purpose of regulating human life; what are common to all of them are the principles of love. Thus through religious tourism there is a sincere effort to bring better understanding among various communities, nations and thus foster global unity.

Hinduism is one of the oldest religions of India. Over 5000 years of religious history created wonderful temples and survived through ages all over India. The most popular spiritual tours are those that are centered on holy Ganges River. Badrinath, Kedarnath, Haridwar, Gangotri, Yamunotri, Allahabad, Varanasi. Jaganath temple at Puri, Bhubaneshwar, Konark in Orissa, Mata Vaishnodevi of Jammu and Kashmir, are

some of the important pilgrim centers in north India. There are many spiritual sites in South India as well which dates back beyond the 10th century. Rameshwaram, Mahabalipuram, Madurai Meenakshi temple in Tamilnadu and Tirupati in Andhra Pradesh are some pilgrim centers. Every year millions of tourists, both domestic and international, visit these places. India is special to Buddhists all over the world and India is the destination for pilgrimage because Buddhism emerged in India. The country is dotted with places that are associated with the life and times of Gautham Buddha; Lumbini-the birthplace of Buddha, Saranath where Buddha delivered his first sermon, Buddha Gaya where lord Buddha attained enlightenment and Vaishali where he delivered his last sermon and announced his nirvana. Sikhism also emerged in India. The Golden Temple in Amritsar, the Hemkund Sahib, and Gurunanak Devji Gurudwara at Manikaran, which is also known for its hot water springs with healing properties, the holy city of Patna Sahib and Anandpur Sahib are important for Sikhs.

The Jain temples of Dilwara and Mount Abu in Rajasthan, the Gomateswara temple at Karnataka, draw thousands of Jain followers. Even small communities like the Bahais have their own Lotus Temple at Delhi. The Sultanate and Moghul empires built many historical monuments and mosques during their reign, all over the country. Red Fort, Fatehpur Sikri, Jama Masjid, TajMahal, Charminar etc., bear testimony to the blend of the Indian and Islam traditions of architecture. The followers of Islam have many mosques and shrines of Sufi Saints, like Moin-Uddin Chisti and Nizamuddin Aulia. For Christians, spiritual tours to Goa among other place like Mumbai and Kolkata are must. Among the most popular sites in Goa is the church of Our Lady of Rosary, the Rachel Seminary, and Church of Bom Jesus. In addition to pilgrim centers there are personalities like the Satya Sai Baba, Osho, Shirdhi and others. This shows that spirituality and religion in India is a serious pursuit. The State Governments concerned, charitable trusts, temple trusts have made elaborate arrangements for accommodation, transport and ritual ceremonies. These organizations are also running hospitals, educational institutes, ashrams, meditation centers which benefit local community. More than 500 religious places have been identified and efforts are being made to develop these centers by Central and State Governments with private participation.

ADVENTURE TOURISM

Youth tourism has been identified as one of the largest segments of global and domestic tourism. The young travellers are primarily experience seekers, collecting, enquiring unique experiences. Adventure and risk have a special role to play in the behaviour and attitudes of young travellers. The growing number of young travellers is being fuelled by a number of factors such as increased participation in higher education, falling level of youth unemployment, increased travel budget through parental contribution, search for an even more exciting and unique experience and cheaper long distance travel.

Youth and adventure tourism appears to have considerable growth potential. The rising income in some major potential source markets such as the Central and Eastern Europe, Asia and Latin America, combined with the lower travel cost, growing student populations around the world particularly in developing countries, has fuelled the demand. India: a heaven for adventure tourism India has been an attraction for travellers from all over the world. Though in the field of international tourism, the segment of adventure tourism in India is getting only a fraction of such traffic. The trend has been showing an increased movement year after year with the development of facilities and greater awareness about adventure tourism options.

Indian tourism offers both international and domestic adventurers a wide choice of adventures. Water sports, elephant safari, skiing, yachting, hail-skiing, gliding sailing, tribal tours, orchid tours, scaling the high peaks of Himalayas, trekking to the valley of flowers, riding the waves in rapids, and camel safari in the deserts are breath taking opportunities for nature enthusias. Ladakh, the Garwal hills, the Himachal hills, Darjeeling, Goa, Lakshadweep, Andaman and Nicobar, Jaisalmer and wildlife sanctuaries and reserves are some of the places that offer adventure tourism.

RURAL TOURISM

Rural tourism has been identified as one of the priority areas for development of Indian tourism. Rural tourism experience should be attractive to the tourists and sustainable for the host community. The Ninth Plan identified basic objectives of rural tourism as: -

- Improve the quality of life of rural people
- Provide good experience to the tourist
- Maintain the quality of environment.

Indian villages have the potential for tourism development. With attractive and unique traditional way of life, rich culture, nature, crafts, folk-lore and livelihood of Indian villages are a promising destination for the tourist. It also provides tourism facilities in terms of accessibility, accommodation, sanitation and security. Rural tourism can be used as a means to:-

- Improve the well being of the rural poor
- Empower the rural people
- Empower the women
- Enhance the rural infrastructure
- Participate in decision-making and implementing tourism policies
- Interaction with the outside world
- Improve the social condition of lower sections of the society.
- Protection of culture, heritage, and nature.

To tap the immense opportunities, coordinated activities of all agencies involved in the development are required. A carefully planned and properly implemented development will definitely benefit the community economically and improve the quality of life in the villages. The success of such development depends upon the people's participation at grass root level for the development of tourist facilities and for creating a tourist friendly atmosphere. Development of rural tourism is fast and trade in hotels and restaurants is growing rapidly. Increase in the share of earnings through rural tourism will no doubt; provide an attractive means of livelihood to the poor rural community. It increases the purchasing power at all levels of community and strengthens the rural economy. Development of infrastructure facilities such as rail, electricity, water, health and sanitation will definitely improve the quality of life.

India as a global destination for Medical Tourism

Tourism and healthcare, being an integral part of many economies services industry are both important sources of foreign exchange. Globalisation has promoted a consumerist culture leading to the mushrooming of corporate healthcare settings seized with the necessity to maximise profits and expand their coverage. However, the constraint lies in the fact that these services can be afforded by a relatively small size of population in developing countries.

Low insurance penetration, lack of standardisation of services, poor information base, ineffective monitoring leading to low quality, high levels of fraud and corruption, misallocation of investments and low efficiency of existing hospitals have impeded effective performance leading to a stagnation of the healthcare sector. In this scenario,

corporate interests in the medical care sector are looking for opportunities beyond the national boundaries.

This is the genesis of “Medical Tourism” industry. The term medical tourism refers to the increasing tendency among people from the UK, the US and many other third world countries, where medical services are either very expensive or not available, to leave their countries in search for more affordable health options, often packaged with tourist attractions.

Long waiting lists, decline in public spending and rise in life expectancy and non-communicable diseases that require specialist services are some of the factors directing a wave of medical tourists to more affordable healthcare destinations. Most countries are tapping the health tourism market due to aggressive international marketing in conjunction with their tourism industry. In this rat race, Thailand, Malaysia, Jordan, Singapore, Hong Kong, Lithuania and South Africa have emerged as big healthcare destinations.

India is unique as it offers holistic healthcare addressing the mind, body and spirit. With yoga, meditation, ayurveda, allopathy and other Indian systems of medicine, India offers a vast array of services combined with the cultural warmth that is difficult to match by other countries. Also, clinical outcomes in India are on par with the world’s best centres, besides having internationally qualified and experienced specialists. CII believes that India should capitalise on its inherent strengths to become a world player in medical tourism. According to a CII-Mc Kinsey study, medical tourism in India could become a USD 1 billion business by 2012. Instead of adopting a segmental approach of targeting a few states such as Maharashtra, Kerala, Andhra Pradesh, Chennai, efforts are now being made to project “Destination India” as a complete brand ideal for medical tourists. Countries from where people head for India are the UK, Bangladesh, Oman, Sri Lanka, Indonesia, Mauritius, Nigeria, Kenya, Pakistan, etc.

Visitors, especially from the West and Middle East find Indian hospitals a very affordable and viable option to grappling with insurance and national medical systems in their native lands. There are thousands of expatriates without any social security and health insurance cover who usually compare the costs before going for treatment and India has a cost advantage for this segment.

Although, the existing market for medical tourism in India is small, it can grow rapidly if the industry reorients itself to lure foreign patients from all potential regions such as SAARC, Central Asia, Middle East, Africa, Europe, OECD besides the UK and the US. The annual health bill of people from Afro-Asian countries seeking treatment outside their countries is USD 10 billion. If India can even tap a fraction of that market, the potential is enormous. The price advantage is however offset today for patients from the developed countries by concerns regarding standards, insurance coverage and other infrastructure.

The question being asked by many is that how can India become an international destination in healthcare, when the clientele at home is bristling with dissatisfaction. Hence, arises the need to define minimum standards at national level, compulsory registration and adoption of these standards by all providers and regular monitoring and enforcing of such standards at the local level. Quality assessment should combine evaluation of infrastructure as well as outcomes.

An obvious answer to all this is accreditation. This will ensure transparency in the way a hospital performs, and everything from the operating to the cleaning procedures will be monitored, audited and recorded. With an aim to boost the much talked about medical tourism, many corporate hospitals in India are looking to international agencies such as JCAHO/JCI for accreditation. Accreditation will even make tie ups with overseas health insurance agencies such as BUPA and CHUBS easier to route patients to India.

As the medical tourism industry is growing exponentially, government and the private players need to join hands in order to act as a catalyst to build infrastructure for hospitals, create specialty tourist packages to include medical treatment, promote accreditation and standardisation, enable access and tie-ups with insurance companies, provide state of art facilities and improve quality of in-patient care and

service to meet the requirements of foreign patients and to attain sustainable competitive advantage.

Many fear about the serious consequences of equity and cost of services and raise a fundamental question on the very existence of medical tourism- why should developing countries be subsidising the healthcare of developed nations? For them, medical tourism is likely to further devalue and divert personnel from the already impoverished public health system. However, with good planning and implementation, medical tourism besides being an economy booster can surely help India maintain good cross border and trade relations, exchange of manpower and technology among countries.

Strategies are thus needed not just to project India as a major healthcare destination, but also to create a system to conduct proper market research and feasibility studies in order to quantify the “How many”, “From where”, “To where”, and most importantly the “How” of medical tourism. Only then can we leverage and channelise all efforts in the right direction. In the absence of proper planning, formulation, implementation and evaluation of coherent strategies, the much created hype and all the talk may just go in vain.

Why the world is moving towards medical tourism

Medical tourists have good cause to seek out care beyond the United States for many reasons. In some regions of the world, state-of-the-art medical facilities are hard to come by, if they exist at all; in other countries, the public health-care system is so overburdened that it can take years to get needed care. 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 plane.

For many medical tourists, though, the real attraction is price. The cost of surgery in India, Thailand or South Africa can be one-tenth of what it is in the United States or Western Europe, and sometimes even less. A heart-valve replacement that would cost

\$200,000 or more in the U.S., for example, goes for \$10,000 in India--and that includes round-trip airfare and a brief vacation package. Similarly, a metal-free dental bridge worth \$5,500 in the U.S. costs \$500 in India, a knee replacement in Thailand with six days of physical therapy costs about one-fifth of what it would in the States, and Lasik eye surgery worth \$3,700 in the U.S. is available in many other countries for only \$730. Cosmetic surgery savings are even greater: A full facelift that would cost \$20,000 in the U.S. runs about \$1,250 in South Africa.

The savings sound very attractive, but a good new hip and a nice new face don't seem like the sort of things anyone would want to bargain with. How does the balance of savings versus risk pay off in terms of success rates

Inferior medical care would not be worth having at any price, and some skeptics warn that Third World surgery cannot possibly be as good as that available in the United States. In fact, there have been cases of botched plastic surgery, particularly from Mexican clinics in the days before anyone figured out what a gold mine cheap, high-quality care could be for the developing countries.

Yet, the hospitals and clinics that cater to the tourist market often are among the best in the world, and many are staffed by physicians trained at major medical centers in the United States and Europe.

Bangkok's Bumrundgrad hospital has more than 200 surgeons who are board-certified in the United States, and one of Singapore's major hospitals is a branch of the prestigious Johns Hopkins University in Baltimore. In a field where experience is as important as technology, Escorts Heart Institute and Research Center in Delhi and Faridabad, India, performs nearly 15,000 heart operations every year, and the death rate among patients during surgery is only 0.8 percent--less than half that of most major hospitals in the United States.

In some countries, clinics are backed by sophisticated research infrastructures as well. India is among the world's leading countries for biotechnology research, while both India and South Korea are pushing ahead with stem cell research at a level approached only in Britain. In many foreign clinics, too, the doctors are supported by

more registered nurses per patient than in any Western facility, and some clinics provide single-patient rooms that resemble guestrooms in four-star hotels, with a nurse dedicated to each patient 24 hours a day.

Add to this the fact that some clinics assign patients a personal assistant for the post-hospital recovery period and throw in a vacation incentive as well, and the deal gets even more attractive. Additionally, many Asian airlines offer frequent-flyer miles to ease the cost of returning for follow-up visits.

Medical tourism trend and what statistics shows:

Ten years ago, medical tourism was hardly large enough to be noticed. Today, more than 250,000 patients per year visit Singapore alone--nearly half of them from the Middle East. This year, approximately half a million foreign patients will travel to India for medical care, whereas in 2002, the number was only 150,000.

In monetary terms, experts estimate that medical tourism could bring India as much as \$2.2 billion per year by 2012. Argentina, Costa Rica, Cuba, Jamaica, South Africa, Jordan, Malaysia, Hungary, Latvia and Estonia all have broken into this lucrative market as well, or are trying to do so, and more countries join the list every year.

Trends in medical tourism in the near future

Some important trends guarantee that the market for medical tourism will continue to expand in the years ahead. By 2015, the health of the vast Baby Boom generation will

have begun its slow, final decline, and, with more than 220 million Boomers in the United States, Canada, Europe, Australia and New Zealand, this represents a significant market for inexpensive, high-quality medical care.

Medical tourism will be particularly attractive in the United States, where an estimated 43 million people are without health insurance and 120 million without dental coverage--numbers that are both likely to grow. Patients in Britain, Canada and other countries with long waiting lists for major surgery will be just as eager to take advantage of foreign health-care options.

Advantage In India

Indian corporate hospitals excel in cardiology and cardiothoracic surgery, joint replacement, orthopedic surgery, gastroenterology, ophthalmology, transplants and urology to name a few. The various specialties covered are Neurology, Neurosurgery, Oncology, Ophthalmology, Rheumatology, Endocrinology, ENT, Pediatrics, Pediatric Surgery, Pediatric Neurology, Urology, Nephrology, Dermatology, Dentistry, Plastic Surgery, Gynecology, Pulmonology, Psychiatry, General Medicine & General Surgery

The various facilities in India include full body pathology, comprehensive physical and gynecological examinations, dental checkup, eye checkup, diet consultation, audiometry, spirometry, stress & lifestyle management, pap smear, digital Chest X-ray, 12 lead ECG, 2D echo colour doppler, gold standard DXA bone densitometry, body fat analysis, coronary risk markers, cancer risk markers, carotid colour doppler,

spiral CT scan and high strength MRI. Each test is carried out by professional M.D. physicians, and is comprehensive yet pain-free.

There is also a gamut of services ranging from General Radiography, Ultra Sonography, Mammography to high end services like Magnetic Resonance Imaging, Digital Subtraction Angiography along with intervention procedures, Nuclear Imaging. The diagnostic facilities offered in India are comprehensive to include Laboratory services, Imaging, Cardiology, Neurology and Pulmonology. The Laboratory services include biochemistry, hematology, microbiology, serology, histopathology, transfusion medicine and RIA.

All medical investigations are conducted on the latest, technologically advanced diagnostic equipment. Stringent quality assurance exercises ensure reliable and high quality test results.

As Indian corporate hospitals are on par, if not better than the best hospitals in Thailand, Singapore, etc there is scope for improvement, and the country may become a preferred medical destination. In addition to the increasingly top class medical care, a big draw for foreign patients is also the very minimal or hardly any waitlist as is common in European or American hospitals. In fact, priority treatment is provided today in Indian hospitals.

The Apollo Group, Escorts Hospitals in New Delhi and Jaslok Hospitals in Mumbai are to name a few which are established names even abroad. A list of corporate hospitals such as Global Hospitals, CARE and Dr L.V. Prasad Eye Hospitals in Hyderabad, The Hindujas and NM Excellence in Mumbai, also have built capabilities and are handling a steadily increasing flow of foreign patients. India has much more expertise than say Thailand or Malaysia. The infrastructure in some of India's hospitals is also very good. What is more significant is that the costs are much less, almost one-third of those in other Asian countries.

India will soon become *THE* global health destination. It is replicating the Thai model, which has been the first Asian destination for International Patients. India benefits from a large staff of world class experts and the ultra-competitive cost advantage it offers.

With prices at a fraction (less than 10% for example in the treatment of gall stone \$600 US) of those in the US or EU, the concept has broad consumer appeal. Indian private facilities offer advanced technology and high-quality treatment at par with hospitals in western countries.

India is promoting "medical outsourcing" where subcontractors aim to provide services to the overburdened medical care systems in western countries. Medical tourism to India is growing by 20% a year. Most non-urgent Western patients usually get a package deal that includes flights, transfers, hotels, treatment and often a post-operative vacation. There are many brokers specialized on the Indian market.

India has top-notch centers for open-heart surgery, pediatric heart surgery, hip and knee replacement, cosmetic surgery, dentistry, bone marrow transplants and cancer therapy, and virtually all of India's clinics are equipped with the latest electronic and medical diagnostic equipment.

Unlike many of its competitors in medical tourism, India also has the technological sophistication and infrastructure to maintain its market niche, and Indian pharmaceuticals meet the stringent requirements of the U.S. Food and Drug Administration. Additionally, India's quality of care is up to American standards, and some Indian medical centers even provide services that are uncommon elsewhere. For example, hip surgery patients in India can opt for a hip-resurfacing procedure, in which damaged bone is scraped away and replaced with chrome alloy--an operation that costs less and causes less post-operative trauma than the traditional replacement procedure performed in the U.S.

Healthcare procedures across the world show a wide cost difference. It leads to a question of affordability even to the developed country like the US where significantly huge number of population is not covered under any insurance scheme.

In some developed country, long waiting period for elective inpatient and outpatient care has created a situation where people do not hesitate to buy healthcare from other developing countries like India without compromising on quality.

Complimentary tourism packages make the entire offer more attractive to the people who are interested to travel for their healthcare. Globalisation of healthcare industry has started in many level. For instance, Indian software companies like TCS and Mastek has signed IT contract recently worth more than US \$ 200 million.

Scope & Opportunities

Though the service sector has considerable contribution in India's GDP, it is negligible on the export front with only around 25 per cent of total export. Value added services generally exceed 60 per cent of total output in the high income industrialised economy. In the global scenario, India's share of services export is only 1.3 per cent (2003) i.e USD 20.7 billion which has gone up from 0.57 per cent (1990). Overall service export growth rate in India is 8 per cent (2002) against a global growth rate of 5 per cent.

It had a tremendous impact on India's Forex reserve. Forex reserve rise to USD 118.628 on May, 2004 in comparison to USD 79.22 for the same period in 2003. Being a service sector member, medical and tourism services export can further rise India's Forex Reserve along with a major contribution from software exports.

In India, international tourist rose 15.3 per cent between January and December, 2003. Though tourism and travel industry contribution is 2.5 per cent to our countries GDP (international ranking 124) but recent initiative from the government like liberalised open sky policy to increase flight capacity, lower and attractive fares, increase in hotel room capacity by nearly 80 per cent (from 2000) and better connectivity between major tourist destination (Express Highway project) has helped India to rank among the top five international holiday destination when independent traveler conducted a poll in 134 countries.

Healthcare industry has shown considerable growth in last few years. Emergence of top notch corporate hospitals and continuous effort for improvement of quality of care has placed Indian private healthcare in a respectable position on the global map.

High ratio of foreign qualified medical practitioners and well-trained nursing and paramedical staff have developed confidence amongst the people who are seeking medical care from Indian Hospitals. If everything moves in the right direction, MT alone can contribute an additional revenue of Rs 5000 - Rs 10,000 crore for up market tertiary centre by 2012 (3-5 per cent of total delivery market).

Need For Medical Tourism

Medical tourism can be broadly defined as provision of 'cost effective' private medical care in collaboration with the tourism industry for patients needing surgical and other forms of specialized treatment. This process is being facilitated by the corporate sector involved in medical care as well as the tourism industry - both private and public.

Medical or Health tourism has become a common form of vacationing, and covers a broad spectrum of medical services. It mixes leisure, fun and relaxation together with wellness and healthcare.

The idea of the health holiday is to offer you an opportunity to get away from your daily routine and come into a different relaxing surrounding. Here you can enjoy being close to the beach and the mountains. At the same time you are able to receive an orientation that will help you improve your life in terms of your health and general

well being. It is like rejuvenation and clean up process on all levels - physical, mental and emotional.

Many people from the developed world come to India for the rejuvenation promised by yoga and Ayurvedic massage, but few consider it a destination for hip replacement or brain surgery. However, a nice blend of top-class medical expertise at attractive prices is helping a growing number of Indian corporate hospitals lure foreign patients, including from developed nations such as the UK and the US.

As more and more patients from Europe, the US and other affluent nations with high medicare costs look for effective options, India is pitted against Thailand, Singapore and some other Asian countries, which have good hospitals, salubrious climate and tourist destinations. While Thailand and Singapore with their advanced medical facilities and built-in medical tourism options have been drawing foreign patients of the order of a couple of lakhs per annum, the rapidly expanding Indian corporate hospital sector has been able to get a few thousands for treatment.

In India, the Apollo group alone has so far treated 95,000 international patients, many of whom are of Indian origin. Apollo has been a forerunner in medical tourism in India and attracts patients from Southeast Asia, Africa, and the Middle East. The group has tied up with hospitals in Mauritius, Tanzania, Bangladesh and Yemen besides running a hospital in Sri Lanka, and managing a hospital in Dubai.

Another corporate group running a chain of hospitals, Escorts, claims it has doubled its number of overseas patients - from 675 in 2000 to nearly 1,200 this year. Recently, the Ruby Hospital in Kolkata signed a contract with the British insurance company, BUPA. The management hopes to get British patients from the queue in the National Health Services soon. Some estimates say that foreigners account for 10 to 12 per cent of all patients in top Mumbai hospitals despite roadblocks like poor aviation connectivity, poor road infrastructure and absence of uniform quality standards.

Analysts say that as many as 150,000 medical tourists came to India last year. However, the current market for medical tourism in India is mainly limited to patients from the Middle East and South Asian economies. Some claim that the industry would

flourish even without Western medical tourists. Afro-Asian people spend as much as \$20 billion a year on health care outside their countries - Nigerians alone spend an estimated \$1 billion a year. Most of this money would be spent in Europe and America, but it is hoped that this would now be increasingly directed to developing countries with advanced facilities.

India's Future Prospect

The global healthcare market is USD 3 trillion and size of the Indian healthcare industry is around 1,10,000 crores accounting for nearly 5.2 per cent of GDP. It is likely to reach 6.2- 8.5 per cent of the GDP by 2012. It is expected that medical tourism will account about 3-5 per cent of the total delivery market.

More than 1,50,000 medical tourists came to India in 2003. Around 70,000 people came from the Middle East for the medical treatment. Traditional system of medicine is able to attract a sizeable number of people from western countries (Kerala, for instance). Most of the medical tourists are Indian in origin. We need to attract more number of people of foreign origin.

International experience shows some of the countries like Thailand, Singapore, Jordan and Malaysia have done extremely well. There is technical committee formed by Jordan Government operating for the non-Jordanian Arab patients who visit Jordan

for healthcare. This office regulates the healthcare institutions treating those patients and monitor the entire activity.

Making of a Medical Tourism destination

Our healthcare industry has some inherent drawbacks. Lack of standardisation in medical care and cost, lack of regulatory mechanism, infrastructural bottlenecks and poor medical insurance coverage are a few to mention here. On the other hand, tourism and hospitality industries are facing some major challenges to develop the infrastructure and services. Industry and government collaboration in terms of some incentives and creation of soothing environment can further make this endeavor easy for both the service sector. The immediate need is the establishment of health and tourism players consortium to discuss about all these issues and maintain closer interaction and co-ordination to develop medical tourism - a growth engine for Forex earnings.

Price Comparison Overview

COST COMPARISON – INDIA VS UNITED STATES OF AMERICA (USA)

Significant cost differences exist between U.K. and India when it comes to medical treatment.

India is not only cheaper but the waiting time is almost nil. This is due to the outburst of the private sector which comprises of hospitals and clinics with the latest technology and best practitioners.

Procedure Charges in India & USA

Procedure	United States (USD) Approx	India (USD) Approx

Bone Marrow transplant	USD 2,50,000	USD 69,200	
Liver Transplant	USD 3,00,000	USD 69,350	
Heart Surgery	USD 30,000	USD 8,700	
Orthopedic Surgery	USD 20,000	USD 6,300	
Cataract Surgery	USD 2,000	USD 1,350	
Smile Designing Procedure	USD 8,000	USD 1,100	
Metal Free Bridge	USD 5,500	Approx USD 600	Approx
Breast : -			
Dental Implants	USD 3,500	USD 7,500	USD 900
Mastopexy			USD 2,800
Reduction Mammoplasty –		USD 8,000	USD 3,300
Porcelain Metal Bridge	USD 3,000	USD 600	
Mammoplasty Augmentation		USD 8,000	USD 2,750
Replacement Of Implants		USD 6,500	USD 3,000
Porcelain Metal Crown	USD 1,000	USD 100	USD 2,000
Face : -		USD 6,000	USD 2,000
Orthodontic Surgery (Upper & Lower)	USD 2,000	USD 6,500	USD 125
Face Marrow Transplantation (Total Face)	USD 2,000	USD 5,500	USD 69,000
Root Canal Treatment	USD 1,000	USD 1,000	USD 1,100
Ear Implantation / Orbicularis suspension	USD 1,000	USD 6,000	USD 69,000
Hair Transplant –	30,000	USD 50	800 graft
Tooth Whitening	USD 800	USD 125	USD 3 Per graft
Endoscopic Brow lift –	20,000	USD 5,800	6,000
Nose lift Surgery	2,000	USD 6,100	USD 250
Composite	USD 500	USD 250	USD 2,400
Otoplasty (For prominent Ears)		USD 4,700	USD 1,500
Nose : Primary Rhinoplasty	USD 300	USD 7,300	USD 90
Fillings / Tooth Cleaning			
Tip Rhynoplasty		USD 6,300	USD 1,300
Body Contouring : -Abdominoplasty	USD 7,700	USD 3,200	USD 3,200
-Thigh Lift (Bilateral) -Total Lower	7,200	USD 9,500	3,150
Body Lift (Belt Lipectomy) -Liposuction	USD 6,100		USD 1,750
(One Region)			
Non – Surgical Procedures : -			
Laser Hair Removal –		USD 550	USD 225
Laser Resurfacing/ Wrinkle Reduction –			
Laser Acne Treatment –		USD 550	USD 225
Laser Scar Treatment –		USD 575	USD 230
Medical tourism in India			
Botox		USD 500	USD 210
		USD 70 Per Unit	USD 8 Per Unit

COST COMPARISON – INDIA VS UNITED KINGDOM (UK)

Significant cost differences exist between U.K. and India when it comes to medical treatment. Accompanied with the cost are waiting times which exist in U.K. for patients which range from 3 months to over months.

India is not only cheaper but the waiting time is almost nil. This is due to the outburst of the private sector which comprises of hospitals and clinics with the latest technology and best practitioners.

Procedure

Procedure	United Kingdom (USD) Approx	India (USD) Approx
Open Heart Surgery	USD 18,000	USD 4,800
Cranio-Facial surgery and skull base	USD 13,000	USD 4,500
Neuro- surgery with Hypothermia	USD 21,000	USD 6,800
Complex spine surgery with implants	USD 13,000	USD 4,600
Simple Spine Surgery	USD 6,500	USD 2,300
Simple Brain Tumor -Biopsy	USD 4,300	USD 1,200
-Surgery	USD 10,000	USD 4,600
Parkinsons - Lesion	USD 6,500	USD 2,300
- DBS	USD 26,000	USD 17,800
Hip Replacement	USD 13,000	USD 4,500

Cost comparison between India, USA, Thailand, Singapore:

Procedure	US Cost	India	Thailand	Singapore
Heart Bypass	\$130,000	\$10,000	\$11,000	\$18,500
Heart Valve Replacement	\$160,000	\$9,000	\$10,000	\$12,500
Angioplasty	\$57,000	\$11,000	\$13,000	\$13,000
Hip Replacement	\$43,000	\$9,000	\$12,000	\$12,000
Hysterectomy	\$20,000	\$3,000	\$4,500	\$6,000
Knee Replacement	\$40,000	\$8,500	\$10,000	\$13,000
Spinal Fusion	\$62,000	\$5,500	\$7,000	\$9,000

Here's a brief comparison of the cost of few of the Dental treatment procedures between USA and India

Dental Procedure	Cost in USA (\$)		Cost in India (\$)
	General Dentist	Top End Dentist	Top End Dentist
Smile designing	-	8,000	1,000
Metal Free Bridge	-	5,500	500
Dental Implants	-	3,500	800
Porcelain Metal Bridge	1,800	3,000	300
Porcelain Metal Crown	600	1,000	80
Tooth impactions	500	2,000	100
Root canal Treatment	600	1,000	100
Tooth whitening	350	800	110
Tooth colored composite fillings	200	500	25
Tooth cleaning	100	300	75

Cost Comparison

Procedure / Treatment	Wockhardt Hospitals, India (\$)	USA (\$)	UK (GBP)
Open Heart Surgery (CABG)	7,500	100,000	21,400
Total Knee Replacement	6,300	48,000	25,700
Hip Resurfacing	7,000	55,000	24,100
LA Hysterectomy	4,000	22,000	11,800
Lap Cholecystectomy	3,000	18,000	9,600
Spinal Decompression Fusion	5,500	60,000	32,100
Obesity Surgery (Gastric Bypass)	9,500	65,000	34,800

General cost sheet for a stay in Delhi :

Taxi fare from airport to hospital	Non A/C \$10	A/C \$30
Registration and consultation with senior consultant at hospital	\$25	
X ray of chest	\$4	
Whole abdomen ultrasound	\$15	
Laparoscopic Cholecystectomy for Gall Bladder Stones	Economy Ward \$600 (Total Cost)	Single Room \$900 (Total Cost)
Endoscopic Thoracic Sympathectomy for Hyperhidrosis	Economy Ward \$1200 (Total Cost)	Single Room \$2000 (Total Cost)
Stay at nearby hotel	Economy class \$50/ day	4 star \$150, 5 star \$250
Big Mac Meal combo at Mc Donald	\$2	
Tour of Delhi	\$ 50 by coach	\$ 150 by personal car
Tour to Agra (125 miles from Delhi)	\$ 150 same day return	\$ 250 with overnight stay at 5 star hotel

Major players offering Medical Tourism packages

Indian corporate hospitals excel in cardiology and cardiothoracic surgery, joint replacement, orthopedic surgery, gastroenterology, ophthalmology, transplants and urology to name a few. The various specialties covered are Neurology, Neurosurgery,

Oncology, Ophthalmology, Rheumatology, Endocrinology, ENT, Pediatrics, Pediatric Surgery, Pediatric Neurology, Urology, Nephrology, Dermatology, Dentistry, Plastic Surgery, Gynecology, Pulmonology, Psychiatry, General Medicine & General Surgery

The various facilities in India include full body pathology, comprehensive physical and gynecological examinations, dental checkup, eye checkup, diet consultation, audiometry, spirometry, stress & lifestyle management, pap smear, digital Chest X-ray, 12 lead ECG, 2D echo colour doppler, gold standard DXA bone densitometry, body fat analysis, coronary risk markers, cancer risk markers, carotid colour doppler, spiral CT scan and high strength MRI. Each test is carried out by professional M.D. physicians, and is comprehensive yet pain-free.

There is also a gamut of services ranging from General Radiography, Ultra Sonography, Mammography to high end services like Magnetic Resonance Imaging, Digital Subtraction Angiography along with intervention procedures, Nuclear Imaging. The diagnostic facilities offered in India are comprehensive to include Laboratory services, Imaging, Cardiology, Neurology and Pulmonology. The Laboratory services include biochemistry, hematology, microbiology, serology, histopathology, transfusion Medicine and RIA

All medical investigations are conducted on the latest, technologically advanced diagnostic equipment. Stringent quality assurance exercises ensure reliable and high quality test results

The chief cities attracting foreign patients to India are Mumbai, Bangalore, Hyderabad, Kolkata and Chennai. Similarly, the speciality hospitals excelling in the medical tourism industry in the country are:

- * Escorts Heart Institute and Research Centre Limited, New Delhi
- * All India Institute of Medical Sciences, Delhi
- * Manipal Heart Foundation, Bangalore
- * B. M. Birla Heart Research Centre, Kolkata
- * Breach Candy Hospital, Mumbai
- * Wockhardt Hospitals

- * Christian Medical College, Vellore
- * Asian Heart Institute, Mumbai
- * PD Hinduja National Hospital and Medical Research Centre, Mumbai
- * Jaslok Hospital, Mumbai
- * Apollo Hospital, Delhi
- * Apollo Cancer Hospital, Chennai

Medical Packages

The health care sector in India has witnessed an enormous growth in infrastructure in the private and voluntary sector. The private sector which was very modest in the early stages, has now become a flourishing industry equipped with the most modern state-of-the-art technology at its disposal. It is estimated that 75-80% of health care

services and investments in India are now provided by the private sector. An added plus had been that India has one of the largest pharmaceutical industries in the world. It is self sufficient in drug production and exports drugs to more than 180 countries.

- * Bone Marrow Transplant
 - * Brain Surgery
 - * Cancer Procedures (Oncology)
 - * Cardiac Care
 - * Cosmetic Surgery
 - * Dialysis and Kidney Transplant
 - * Drug Rehabilitation
 - * Gynaecology & Obstetrics
 - * Health Checkups
 - * Internal/Digestive Procedures
 - * Joint Replacement Surgery
 - * Nuclear Medicine
 - * Neurosurgery & Trauma Surgery
 - * Preventive Health Care
 - * Refractive Surgery
 - * Osteoporosis
 - * Spine Related
 - * Urology
 - * Vascular Surgery
-
- * Gall Bladder stones surgery (Laparoscopic Cholecystectomy)
 - * Hernia surgery (Laparoscopic mesh repair)
 - * Piles (Stapled Hemorrhoidectomy)
 - * Varicose Veins surgery
 - * Endoscopic Thoracic Sympathectomy for Hyperhidrosis
 - * Laparoscopic Appendicectomy
 - * Laparoscopic Adrenalectomy

- * Laparoscopic Fundoplication for Hiatus Hernia
- * Laparoscopic Banding of stomach for Morbid Obesity
- * Laparoscopic splenectomy

Other packages include:

Hip-Knee replacement surgeries and other orthopedic surgeries.

Bone marrow transplantation surgery.

Heart surgery packages like Cardiac Surgery And Cardiology, Open Heart Surgery, Angiographies and Angioplasties.

Treatments of different skin problems including skin grafting.

The services provided by the host country's hospital/ organisation are:

Put in touch with a world class Private hospital or Nursing home and the doctor & fix up an appointment with the doctor at the hospital.

Receive you at the airport and provide transportation to the hotel and for the rest of the days during your stay here.

Provide accommodation in a hotel as per your choice and budget near the Nursing Home or the Private hospital.

We can arrange for another place to stay or a rejuvenating sight-seeing tour while your mother recovers after the treatment.

In addition to the increasingly top class medical care, a big draw for foreign patients is also the very minimal or hardly any waitlist as is common in European or American hospitals. In fact, priority treatment is provided today in Indian hospitals.

STEPS OF SEEKING TREATMENT WITH MEDICAL TOURISM

Is the medical ailment suitable for treatment in a country different from yours the patients own country. The answer to this question will be based on combined information from your own doctor and the overseas doctor.

Ailments that require a one shot treatment like surgery for gall stones, hernia, piles, varicose veins, hysterectomy, adrenalectomy, nephrectomy, thyroidectomy, joint replacement etc are more suitable for medical tourism.

The ailment should be such that a follow up should not be necessary and you should not need to visit the country again to ‘ tie up loose ends.

The patient/ tourist should be otherwise well enough to be able to utilize the tourism part of it. Other wise you could just go to the hospital directly for treatment.

Mostly planned elective surgery for which there may be a long waiting list in your country is best suited for medical tourism.

Decide on the country, hospital and doctor who would be treating . This information would be available through the net or from recommendation by another patient. Visit the website of the hospital and doctor is the next step. Writing and asking about their training and experience in the procedure along with the cost implications is vital.

Next is sending a detailed note of the medical condition. Prior and complete information will insure that the treatment will get started immediately and without much delay. since the tourist comes from another country he cannot come again and again therefore he needs to include all reports of investigations and recommendations of any doctor who has seen him.

Based on this, the patient receives full information from specialist doctors / medical consultants advice on prevailing medical treatment, approximate cost for planning purposes and total duration of stay required at the hospital with pre -operative and post operative extra stay requirement etc.

The patient must also check full details about cost of stay at respective treatment city using a hotel or service apartment or guest house.

Check with the doctor what all sight seeing / shopping / tourism is possible with the treatment patient is having and if this would be before or after the treatment. Best time

for this is after getting the preliminary check and tests done. Following the sight seeing etc, patient gets admitted for the surgery.

Acquire consent of local physician to fly down to India/ or selected destination.

Acquire visa for travel to the host country.

Check immunization requirements for going there.

Carry a travel insurance .

Fix up date of arrival, pick up from airport. It is extremely re- assuring if a person from the hospital receives visitor at the airport and takes him to the hospital / hotel.

Meet the doctor and re-discuss the details of treatment, cost, stay etc as soon as possible to chart out the plan.

Re-confirm return ticket as per his/ her advice.

Treatment

Discharge from hospital, with follow up advice and medications provided by the hospital.

Stay in the city / sight seeing as discussed earlier for the required time.

Review with the doctor for clearance

Return Home.

Procedure followed by the hospital/ clinic:

Various steps to be followed are as follows

STEP 1 : Visitor needs to send queries pertaining to their problems.

STEP 2 : The hospital will identify a suitable doctor and hospitals based on the query.

STEP 3 : Doctors get back to patient with their suggestions and how to proceed ahead.

STEP 4 : Finalize on which treatment to follow and how to go about it.

STEP 5: Hospital will give the options such as where to stay pre- hospitalization & post hospitalization .

STEP 6 : Patient/ visitor needs to finalize details and make advance payment.

STEP 7 : Arrival in India/ host country.

STEP 8 : The hospital arranges Airport pick-up and hotel check-in. they also arrange translator if required.

STEP 9 : Hospital arranges meetings with the requisite doctors.

STEP 10 : Proceed further with the treatment as discussed in Step 4.

Step 11 : Patient/ visitor proceeds for short holiday break if required.

Step 12 : Hotel Check-out, & return to visitor's own country

Leveraging Competencies For Medical Tourism

India has a huge potential of attracting medical tourist and medical tourism will contribute around USD 2 million by year 2012, as per CII-Mckinsey report . With a good amount of investment in the private sector, the growth of Indian healthcare is

inevitable. India has the competitive advantage of price, outstanding human resource, state-of-the-art hospitals equipped with latest equipment, alternative medicine like Kerala's health retreat, naturopathy and yoga, 5000-year-old civilization, traditional art and crafts and geographical landmarks and coastlines.

In healthcare industry, it is said that a satisfied patient is the best source of referral to the hospital. In case if our hospitals wish to become leaders in medical tourism and achieve competitive advantage, it is very important that quality service is provided on clinical dimensions as well as hospitality component. Weakness of our hospitals lies in poor service culture quotient in employees.

To achieve service excellence, it is important that delivery of service is on the lips of everyone in the workforce. The importance of the contribution of each individual, the glory of the individual or a department should never be an issue nor be overshadowed by other focus. Patient's wants are related to behavioral aspects of service like: spontaneity, warmth, concern and friendliness attention to individual needs.

The total hospital is more successful, if a service is only as good as the people who deliver it and provide it. When everyone works smart, the collaboration needed to drive organisational performance increases. Also, the patient appreciates the way he/she is treated.

From showing empathy and optimism to extreme self-awareness to knowing what's going on around them, people competencies are an integral part of a progressive hospital. The use of these skills is what elevates one's organisation above the competition. In today's working environment, where medical tourist are demanding more, instilling the use of people competencies in one's team members is something one simply can't survive without.

Indian hospitals do not face problem with the technical skills as they are acquired through education and training but the difficulty lies in leveraging the soft skills of the employees. Soft skills are the underlying principles that trademark a hospital for professionalism and excellent customer service.

In today's scenario, where it is predicted that medical tourism industry will grow by 15 per cent annually, the real challenge lies in acquiring and developing a depository of people skill in the organisation.

Hospitals should focus on developing workforce with:

Positive attitude: "I can do it" is the first thought that an employee should get when he encounters a problem. He/she can think positively if he/she is happy, cheerful with good sense of humor.

Ingenuity: Employees should possess natural incentive and creative abilities to solve unforeseen problems. They should be capable of coming up with satisfactory solutions instantaneously.

Initiative: If a hospital has employees who are self-starters, then it is like a dream come true. If you empower people, then they show exceptional resourcefulness in handling unforeseen events or situations effectively.

Loyalty: Organisation should value an employee who maintains service interest uppermost in his mind. Employees who display a high degree of sincerity and honesty of purpose and are upright in dealings with patients. Superiors, equals and subordinates are asset to any organisation.

Maturity: Tact and maturity are the keys to handle difficult and demanding patients. Employees who are considerate and understanding in dealing with patients can form the backbone of service excellence culture.

Team spirit: Healthcare cannot be delivered by a single person; it is always a team work of people with diversified competencies. Employees who find ready acceptance by others and make good contribution towards functioning of the group are very good team players. They provide wholehearted co-operation to colleagues, superiors and subordinates.

Interpersonal skills: Interpersonal skills are of paramount importance. Written and oral communication, listening skills and body language play a very important role in service delivery. It is important to be respectful and courteous with co-workers and patients.

Appearance and Bearing: Hospitals should see that the appearance and bearing of employees is synchronized at all levels. It should not happen that support staff like kitchen and cleaning staff does not follow any hygiene standard. It is not only the employee who is properly dressed draws attention but the employee who is not neatly dressed also excites discussion amongst the patient relatives.

The question which takes paramount importance is “How to develop the inventory of these competencies in the organisation? The answer is very simple. Hire employees with competencies to meet the requirement of the organisation. HR heads should focus on development of a recruitment tool which helps in identification of the requisite competencies and measurement of available degree of these competencies in the prospective employees.

It should be very clearly understood that people with desired competency come at a cost and therefore entire manning plan and the compensation budget should be re-used. If required people should be paid slightly more than the competing organisation as hiring is not the only issue, organisation has to also retain high performing individuals.

Another solution to the problem is nurturing key competencies in the workforce and align individual competencies to the requirement of the organisation.

Identification of individuals with desired competencies: First and foremost, HR department along with the line managers should identify people for selective retention so that they can be used as mentors for coaching and development. An employee with similar job role and working conditions empathies with another employee better than anybody else. The identified mentor should communicate effectively, know the job profile thoroughly, demonstrate trust in improvisation, help individuals as and when

needed. He knows the constraints and the requirements of the job. He can also act as a role model and foster a feeling of constructive competition in other employees.

Train the identified individuals: The identified individual has to act as a mentor and train other employees and therefore he has to lead by example. It is the responsibility of the HR department to train him in conducting training sessions. HR department should sensitize him with issues like how to conduct training.

Conduct on going training programme: Ongoing training programmes are very beneficial as no hospital is free of attrition rate. Exodus of well trained staff to middle east, the US & the UK cannot be stopped because of massive requirement in these countries, but whenever an employee joins an overseas hospital, the identity is always linked with the past employer.

Continuous training programme on communication, attitude and personality development should be carried out and mechanism should be set to analyse the impact of these programs. Competencies and strengths vary from people to people and all the employees are never the same. Leverage their strengths and differences because these are the facts that will help distinguish you and your organisation from the competition. Leverage each other's strengths inside the team to develop a new identity of the hospital.

Indian healthcare is amongst the best in the world but to attract medical tourist it has to not only come up with world class infrastructure but India should focus on optimum utilisation of the talent pool. If it is done, the projected medical tourism market of USD 40 million can be easily achieved.

Promotion Of Medical Tourism

The key "selling points" of the medical tourism industry are its "cost effectiveness" and its combination with the attractions of tourism. The latter also uses the ploy of

selling the "exotica" of the countries involved as well as the packaging of health care with traditional therapies and treatment methods.

Price advantage is, of course, a major selling point. The slogan, thus is, "First World treatment' at Third World prices". The cost differential across the board is huge: only a tenth and sometimes even a sixteenth of the cost in the West. Open-heart surgery could cost up to \$70,000 in Britain and up to \$150,000 in the US; in India's best hospitals it could cost between \$3,000 and \$10,000. Knee surgery (on both knees) costs 350,000 rupees (\$7,700) in India; in Britain this costs £10,000 (\$16,950), more than twice as much. Dental, eye and cosmetic surgeries in Western countries cost three to four times as much as in India.

The price advantage is however offset today for patients from the developed countries by concerns regarding standards, insurance coverage and other infrastructure. This is where the tourism and medical industries are trying to pool resources, and also putting pressure on the government. We shall turn to their implications later.

The entire concept of medical tourism hangs on the efficiency, skill and competency level of the doctors, specialists and consultants etc. World over patients and hospitals trust Indian doctors without doubt. This is therefore an advantage for India. Patients from around the globe expect the best of services solely based on the reputation of doctors of Indian origin. But so far the government has failed to realize the advantage of this important factor. This reputation and goodwill that Indian doctors enjoy could be leveraged to attract and promote Indian medical tourism.

The other most important reason why India has not been able to attract more customers is that there is no specific campaign which only promotes medical tourism. The incredible India campaign has catapulted India in the top 5 must visit unique destination for lonely planet but so far as it goes Thailand, Bangkok and other east Asian countries are still market leaders. Therefore there is still scope that with specific marketing, advertising and promotion campaigns considerable number of tourists can be attracted.

In India the strong tradition of traditional systems of health care such as in Kerala, for example, is utilised. Kerala Ayurveda centres have been established at multiple locations in various metro cities, thus highlighting the advantages of Ayurveda in health management. The health tourism focus has seen Kerala participate in various trade shows and expos wherein the advantages of this traditional form of medicine are showcased.

A generic problem with medical tourism is that it reinforces the medicalised view of health care. By promoting the notion that medical services can be bought off the shelf from the lowest priced provider anywhere in the globe, it also takes away the pressure from the government to provide comprehensive health care to all its citizens. It is a deepening of the whole notion of health care that is being pushed today which emphasizes on technology and private enterprise.

The important question here is for whom the 'cost effective' services is to be provided. Clearly the services are "cost effective" for those who can pay and in addition come from countries where medical care costs are exorbitant - because of the failure of the government to provide affordable medical care. It thus attracts only a small fraction that can pay for medical care and leaves out large sections that are denied medical care but cannot afford to pay. The demand for cost effective specialized care is coming from the developed countries where there has been a decline in public spending and rise in life expectancy and non-communicable diseases that requires specialist services.

Urban concentration of health care providers is a well-known fact - 59 per cent of India's practitioners (73 per cent allopathic) are located in cities, and especially metropolitan ones. Medical tourism promotes an "internal brain drain" with more health professionals being drawn to large urban centres, and within them, to large corporate run specialty institutions.

Medical tourism is going to result in a number of demands and changes in the areas of financing and regulations. There will be a greater push for encouraging private insurance tied to systems of accreditation of private hospitals. There is a huge concern in the developed countries about the quality of care and clinical expertise in

developing countries and this will push for both insurance and regulatory regimes. The potential for earning revenues through medical tourism will become an important argument for private hospitals demanding more subsidies from the government in the long run. In countries like India, the corporate private sector has already received considerable subsidies in the form of land, reduced import duties for medical equipment etc. Medical tourism will only further legitimise their demands and put pressure on the government to subsidise them even more. This is worrying because the scarce resources available for health will go into subsidising the corporate sector. It thus has serious consequences for equity and cost of services and raises a very fundamental question: why should developing countries be subsidising the health care of developed countries?

The Golden Goal - India's \$1 billion dream:

India could earn more than \$1 billion annually and create 40 million new jobs by sub-contracting work from the British National Health Service, the head of India's largest chain of private hospitals and other such organisations in the US and European states.

Apollo Hospitals, which provides medical tourism packages has put forth a suggestion and currently is awaiting a reply to carry out operations at a fraction of what they would cost in the United Kingdom. They include surgery for hip and knee replacements and coronary bypass that would slash waiting times dramatically, reducing the queues of British patients waiting to see their doctors. They have well equipped, state-of-the-art hospitals and can offer the same level of care as anywhere else in the world. There is no reason why India should not become the healthcare destination of the world.

India's healthcare industry is growing at 30 per cent annually and the Apollo group alone has so far treated 95,000 international patients, many of whom are of Indian origin. Reddy cited two recent cases of UK nationals who opted for private healthcare at the Apollo network.

Medical treatment in the UK is free under the NHS, but because of the long waiting times some patients opt for expensive private care. The advantage of Reddy's offer is that is that it would reduce pressure on the NHS and offer sub-contracted healthcare at vastly cheaper rates.

After this million people, there are thousands of expatriates. Not necessarily Indian, but expatriates who may be given the opportunity to come and get themselves operated in India where we are planning to give them what is called health tourism."

Criticism Faced by Medical Tourism Industry:

Government and basic medical insurance, and sometimes extended medical insurance, often does not pay for the medical procedure, meaning the patient has to pay cash.

There is little follow-up care. The patient usually is in hospital for only a few days, and then goes on the vacation portion of the trip or returns home. Complications, side-effects and post-operative care are then the responsibility of the medical care system in the patients' home country.

Most of the countries that offer medical tourism have weak malpractice laws, so the patient has little recourse to local courts or medical boards if something goes wrong.

There are growing accusations that profitable, private-sector medical tourism is drawing medical resources and personnel away from the local population, although some medical organizations that market to outside tourists are taking steps to improve local service.

Inferior medical care would not be worth having at any price, and some skeptics warn that Third World surgery cannot possibly be as good as that available in the United States. In fact, there have been cases of botched plastic surgery, particularly from Mexican clinics in the days before anyone figured out what a gold mine cheap, high-quality care could be for the developing countries.

On a national level, the Indian healthcare system is ill-equipped to cope with the rising number of elderly and the changing disease patterns, with an average of just 0.7 hospital beds and 0.6 physicians per thousand population, according to the report. India faces the continuing challenge of fighting infectious diseases like malaria, tuberculosis and leprosy alongside increases in lifestyle related problems faced by the developed world, such as cancer, cardiovascular disease and diabetes.

Not everyone is enthusiastic about India's push to become a health care destination. Indian hospitals should start focusing and investing huge amounts of money on treating overseas patients. India should first, or in parallel, meet the needs of the country. In India, insurance plans cover 14 percent of the more than 1 billion people, leaving almost 900 million without protection, according to the McKinsey-CII report.

As many as 350 million people live on less than \$1 a day, according to the World Bank. India spends 5.2 percent of its \$580 billion GDP on health care and still lags behind Thailand, Brazil and South Korea in life expectancy. People live 61 years on average in India, less than 68.9 years for a developing country such as Brazil and 77.3 years for a developed country like the U.S., according to the World Health Organization. India has 91 infant deaths per 1,000 births compared with 38 deaths for Brazil and eight for the U.S.

The patient is provided limited information other than an introductory phone call to the intended physician and having medical records electronically sent to the doctor or hospital via the internet by the medical tourism agency. The patient has a choice of physicians, but unlike in the U.S. where there is easy access to a doctor's medical status by medical boards and organizations, other than knowing whether the doctor may have practiced medicine in the U.S., there is little information to come by. Without standardized protocols it is difficult for the patient to make a correct assessment.

Where does India need to improve?

High Hurdles

Hurdles to India's medical ambitions abound. With 100,000 patients a year traveling to the country -- up from 10,000 five years ago -- hospitals are struggling to remedy first impressions that can turn people off. European people are aware of the poverty and decrepit state of the infrastructure but this knowledge is second hand gained through books and other media as such it really is a reality check when these visitors are faced with streets overflowing with people and bicycles and by neighborhoods where new offices butt up against tarpaulin-covered slums. It is a make or break situation, on one hand they are promised with world class health care at nominal cost(as per their standard) but on the other hand they face reality with in your face human degradation and surreal poverty. Patients can sometimes decide not to go through with the process just looking at the general state of the local people of the host country. They wonder whether the price of their operation with an Indian hospital compared with five times more in their home country is worth the risk.

Therefore the logical thing for India is to strive for a massive Image Improvement plan, the medical industry in itself is banding together to improve its image. The Indian Healthcare Federation, a group of about 60 hospitals, is developing accreditation standards. In the U.S., organizations such as the Joint Commission on Accreditation of Healthcare Organizations, based in Oakbrook Terrace, Illinois, assess infection rates, the width of hospital corridors and the capacity of elevators. In India, there's no accreditation, and hospitals aren't required to provide information on the outcomes of treatments. There is nothing as far as quality standards go. Hospitals keep data, but they don't need to share it

Sketchy Information

The leading question that any potential medical tourist will ask himself is -where is the information, how detailed is the information and whether it is easily available or not; for eg Escorts' Web site lists only the number of procedures it has performed. Thought they do not mention the obvious and important fact that Trehan, Escorts' hospital had a mortality rate of 0.8 percent and an infection rate of 0.3 percent in 2003. That compared with an observed mortality rate, or the rate of actual deaths, of 4.77 percent for heart valve surgery or coronary artery bypass surgery that included heart valves at New York-Presbyterian Hospital from 2000 to 2002, according to a New York State Department of Health report is much better. Such facts not only need

to be told but they also need to unashamedly promote if India has to attract more overseas patients.

Infrastructural mess

India competes for foreign patients with Malaysia, Singapore and Thailand but it offers less in some areas where it matters such as infrastructure. We can almost call it as the curse of India since no matter what the problem we try to resolve on the national scale the first and most formidable issue is the infrastructure or rather the lack of it. Thus if we are to improve the basic requirement of having wide roads, electricity, grounded electric wiring, information system in place etc then most of our problems will be resolved including that of medical tourists. Thailand's airports and roads are in better shape than India's because Thailand is a major vacation destination. In 2003, 10 million tourists traveled there, according to the Tourism Authority of Thailand's Web site. That was more than triple the number for India that year.

Bumrungrad Hospital Pcl, which runs Bumrungrad Hospital in Bangkok, started courting overseas patients during the Asian economic crisis in 1997 as the devaluation of the baht drove down costs for visitors.

That year, Bumrungrad treated 50,000 foreigners. It handled seven times as many in 2004, accounting for 35 percent of its patients. In 2003, Bumrungrad hosted 150 Indian delegations, including one led by Wockhardt's Bali, showing them intensive care units, recovery rooms and the Starbucks cafe in the lobby.

International Focus

The focus on international patients screams at us. Having interpreters and instructions in multiple languages such as Arabic, English, German, and Spanish etc is a must. The patient must feel that whatever he is trying to convey goes across and all the communication must be clear. What it shows is that convenience offsets most other things for an international patient. At the end of the day the patient must feel sure is that he is treated for the right ailment and his consultant understands him perfectly.

We Care attitude:

Indian hospitals are countering with perks of their own. This is due to the fact that India believes in “atithi devo bhava” and using this to best their own cause.

Hospital's representatives meet the patients at the airport , help them through immigration and drive them to the hospital in a private vehicle. Their room was stocked with fruit and drinks. They have on call consultants with arrangements made for pre and post treatment sight seeing, shopping and other tourist activities. Hospitals even loan a mobile phone so they can stay in touch once they left the hospital.

More Foreigners

Foreign patients are still far from the norm. Operations on non-Indians accounted for 10 percent of the more than 4,000 surgeries at Escorts in 2003. Foreign surgeries will pick up as rising health costs and long waiting lists provide incentives to travel to India and its low-priced rivals.

In the U.S., health-related spending climbed 7.6 percent to \$1.68 trillion in 2003, consuming almost 15.3 percent of the \$11 trillion gross domestic product. It was the fifth consecutive year that the cost of medical care expanded faster than the economy.

U.S. employer-paid health insurance premiums have soared 59 percent since 2000, according to the Henry J. Kaiser Family Foundation and the Health Research and Educational Trust, nonprofit groups that study medical care. In 2004, premiums averaged \$9,950 for families and \$3,695 for individuals, the groups found. What all this means is that no matter what happens the number of foreign tourists will keep on increasing and India should be ready or atleast get ready to attract these patients.

Accidental Patient

In the U.K., the waiting list for the government-funded National Health Service prompts some patients to look elsewhere. Last year, the lag averaged less than nine months for surgery, about half the 18 months in 1997.

Unlike people who chose India after deciding not to pursue an operation through the National Health Service, there are others who have discovered India by accident.

Case in point : In July 2004, Ian Brown, a director at Harrogate, England-based electronics company Surevision Ltd., suffered chest pain and went to his local doctor.

The National Health Service told him he'd have to wait as long as four months for a test and then, if required, two years for an angioplasty to open blocked arteries.

On vacation in India in September, Brown experienced chest pain again and was rushed to Wockhardt Hospital in Bangalore. Wockhardt performed an angioplasty the next day, inserting a wire mesh tube called a stent to prop open an artery. Back in England, Brown got a letter from the National Health Service in November asking him to come in for his initial test -- two months after he'd had the surgery in India.

In this instance an accidental discovery proved to be a life saver.

\$800 vs. \$18

Charging foreigners more than Indians is one way hospitals can make money to treat the poor. An echocardiogram machine, used to picture the heart, costs about \$200,000 anywhere in the world. Doctors can charge \$800 per scan in the U.S; in India, they charge 800 rupees, or \$18.

The difference makes it tough to recoup costs. The reason why hospitals are so excited about overseas patients is that in India there are more than enough Indians to fill the nation's hospitals. India has enough volumes but what we don't get is pricing. India should and is charging for the value rather than the concentrating on volume based profit alone.

Catering to the middle East tourists

Some Middle Eastern patients began choosing India after the Sept. 11, 2001, attacks on New York and Washington, Oman hospitals often refer patients to India for complicated procedures because the country is familiar, closer than the U.S. or Europe and cheap. Also after 9/11, people are scared to go to the U.S not only due to fear of terrorist attacks but mainly due to the fact that they feel threatened because of racial discrimination be it overt or subtle. The fact that people in US look at a turbaned and bearded man as a potential terrorist is an unsettling experience. Not only in the US but even in UK and other European countries people of coloured skin and religion are facing discrimination.

Brain drain reversal

Indian doctors are returning home again and offering medical procedure which they performed abroad in their home country itself. There are many Indian patients who had to go abroad for medical reasons this is one of the factors that influenced doctors to return home. The other reason is that the pay in India is gradually rising and the lure to back in one's own homeland is quite strong.

Easy Transition

Indian hospitals are working to make the transition easier. Apollo is setting up a London clinic to attract people seeking alternatives to the National Health Service. The idea is that a doctor would look at patients find the problem and make all arrangements to get them to India.

Changing the trend

Just as Indian software companies started with small programming jobs and expanded to become a \$16 billion global industry, India's international health care initiative is in its early stages. For patients and profits to increase, India must remedy negative first impressions and persuade doubters that millions of the country's poor and ailing won't be left behind.

Initiative by Indian Government to Promote Medical Tourism:

The medical tourism industry in India is presently earning revenues of \$333 million. Encouraged by the incredible pace of growth exhibited by the industry, the Confederation of Indian Industry (CII) and McKinsey have predicted that the industry will grow to earn additional revenue of \$2.2 billion by 2012.

With a view to facilitating the medical tourism industry to achieve the targets and to give greater momentum for its growth, the Ministry of Health and Family Welfare together with the Ministry of Tourism of the Government of India has set up a Task Force. The Task Force will evaluate the opportunities in the industry and formulate a policy for accrediting healthcare institutions in the country. The accreditation programme is aimed at classifying health service providers on the basis of infrastructure and quality of services offered. It is expected to standardise procedures and facilitate foreign patients in selecting the best hospitals.

Meanwhile, several hospitals in the country are seeking to take advantage of the booming medical tourism industry. They are investing largely in acquiring equipments, size and skills.

To provide for brighter prospects for the industry, the hospitals can also acquire international accreditation, integrate traditional and clinical treatments and offer end-to-end value added services by tying up with tour operators, airline carriers and hotel companies. Hospitals can also allow foreign patients to pay through credit and ensure proper support services to foreign patients after they return to their native countries.

Lastly, the Government of India can also reinforce its support through quick visa processing, improved flight connectivity and infrastructure development.

Current initiatives by various state governments and organisations:

Government Initiatives:

Central Government and State Governments have been encouraging rural handicrafts and fairs and festivals that have direct impact on preservation of heritage and culture of rural India. It also draws tourists from all over the world. Regional fairs, festivals help the growth of tourism, provide a ready market for the handicrafts, alternative income to the community, and facilitate regional interaction within the country. Leading states such as Kerala, Goa, Maharashtra etc have taken the initiative to promote medical tourism as a package in itself rather than just a side issue or an added benefit. The effect has apparently been a success as medical tourism has picked up in these states. The state governments have been monitoring closely the ecological relationship, socio cultural impact and conducting feasibility studies before selecting tourist sites. The state governments also ensure that: Tourism –

- Does not cause the tension for the host community
- No adverse impact on the resources
- Psychological satisfaction for the tourist.
- The large inflow of tourists would not put a stress on the local system
- Local community should not be deprived of basic facilities for the benefits of tourist
- The rural tourism does not disrupt the rhythm of community life Thus the Central Government and State Governments have taken various steps for the promotion of tourism and attainment of the goal of sustainable tourism development.

TOURISM MINISTRY PROMOTES INDIA AS A 365-DAY DESTINATION: The ministry of tourism in an effort to promote India as a 365-day destination launched three CDs on MICE, adventure sports and cruises. The ministry is showcasing India as a world-class MICE destination with many convention halls coming up in the line of Hyderabad International Conference Centre (HICC). The CDs also give details about all the adventure sports facilities available in the country and the many cruising options that are coming up.

TOURISM MINISTRY ISSUES GUIDELINES FOR ADVENTURE SPORTS: The ministry of tourism recently issued special guidelines for adventure sports activities in the country. The guidelines are regarding land activities like mountaineering and trekking; water sports like river running; and air sports like parasailing, paragliding and bungee jumping. The ministry has laid down the basic minimum standards for adventure tourism related activities that are undertaken in different parts of the country.

KERALA TOURISM REVIVE THE URU / ARAB DHOW: Kerala Tourism has plans to start URU cruises to replicate the spice route travel of the 16th century. The uru is a home made colossal sailing vessel made out of timber which used to ply the Indo Persian routes in times gone by. It is the Indian equivalent of the Arab Dhow. When launched they will operate on the Bekal - Cochin sector. This has been quite a crowd puller for medical tourists who flock to Kerala especially for the Aurvedic and relaxing treatments offered. The curious mix of vegetarian food, exotic back waters, courteous and pleasant people and not to mention extremely smart doctors had made Kerala a very popular destination

HELICOPTER TOURISM SERVICE IN KERALA: God's Own Country Kerala will be luring tourists by launching a "Helicopter tourism" service. Visitors will be taken from one tourist spot to the other in a seven-seater helicopter to save time and also discomfort on the roads. A number of cost-effective packages have been designed in the helicopter tourism segment like "Capital by Air", "Backwaters by Air", "Fly the Hills" and "Shoreline Flights". The "Capital by air" offers sightseeing trips around Thiruvananthapuram. The backwater trip takes tourists around Kumarakom, while the "Fly the hill" provides tourists a taste of the hill stations at Thekkady and Munnar. It will also touch Kochi and Kumarakom. The "Shoreline" flights offer sightseeing to Kanyakumari along the picturesque coastline. This service is extremely helpful to the patients who are unfit for long journeys by road or rail. Not only that it is very fast and the medical tourist also gets to have his own privacy. In times of emergency the patient can be immediately flown to and from the nearest airport or heli pad.

PALACE ON WHEELS ADDS SEVERAL LUXURIES: The second Palace on wheels to be launched in Rajasthan early next year ie 2007 will have a dance floor, a massage center, a conference room and bars. It will be the third tourist train to be operated by

Rajasthan Tourism after Palace on Wheels and Heritage on Wheels (on the Shekhwati sector). The second Palace on wheels will also have special suites. This has been a great success with post operative tour patients ie to travel in a princely way. It brings in the nostalgia about the past eras when the prince and kings and heads of states traveled in a grand way.

MEDICAL TOURISM BROCHURE RELEASED: The Ministry of Tourism is aggressively promoting India as a global healthcare destination and has recently released the '*Incredible India Brochure on Medical Tourism*'. The government has also started issuing M (medical) visas to the medical patients, and MX visas to the dependent accompanying them, which are valid for a year. Around 200000 medical tourists visited India last year, and the figure will grow by 50% this year.

GARIB RATHS (PLUSH TRAIN FOR POOR): The Indian Railways has introduced the "Garib Raths", a maiden scheme to provide plush rail services to the poor at affordable rates in the year 2004 - 2005, and plans to link all state capitals with express trains, with the induction of 24-coach trains. The success of the Garib Raths, can already be seen in the rail operating between Saharsa (Bihar) and Amritsar (Punjab) which is a boon to the traveler especially during the festival season. But as of current reports the country has not taken well to the Garibh Rath and is making losses for unforeseeable reasons. Medical patients usually skip on rail travel as it takes a longer time and is a bit more exhausting.

TRAIN TO KASHMIR HITS THE HIGHWAY: Ever heard of a train running on a road? It does in Jammu and Kashmir. Set to chug in Kashmir's bewitching landscape in snowy February 2007, the first-ever trial train to Kashmir took off for the Valley on November 7, not on traditional tracks but on the 300 km-long Jammu-Srinagar national highway. It has added another chapter to the history of Indian Railways and Kashmir's national rail project, as the first trial diesel mobile unit coach, a 36 tyre wheeled train pulled by a 460 HP engine, drove up the Jammu-Srinagar Highway at 0700 hrs and headed toward Kashmir's Budgam railway station by taking a road route and not a train track. The world recognizes Kashmir as the paradise on earth or the Swiss alps of the east. It is especially targeted to overseas visitors.

JAIPUR TO SELL HERITAGE LIQUOR: Shops all over Rajasthan will sell heritage liquor, made from age old recipes of Rajasthan Royals. It is made from dry fruits, nuts, herbs and spices with a touch of saffron sometimes. To begin with, shops in Jaipur, Jodhpur, Kota, Bikaner, Ajmer, Udaipur and Bharatpur will sell the special liquor. General as well as medical tourists can now take these away as souvenirs.

8000 DRUMMERS TO DRUM UP A RECORD IN MEGHALAYA: A band of 8000 drummers is set to break a record for 5 minutes of synchronized drum beats set by Hong Kong. The band will play a newly composed piece, "Positive Vibration" to enter the Guinness Book of World Records. The ensemble will play at Meghalaya's autumn festival which expects to have entertainers from Australia as well. A great way to pull in the tourist in search of the curious and unique experience. Not only that the eastern states till now have been in the shadows so this is a great way to bring the extremely beautiful and lush eastern states on to the world map. Also it is a great location for retreat for the ailing patients who want calm and quite surrounding.

FAIRY QUEEN BEGINS DELHI-ALWAR-DELHI RUN FROM 11 NOVEMBER: Built in 1855, the Fairy Queen is the oldest steam engine in working condition. Every year it takes visitors on a Delhi-Alwar-Delhi trip. This year the schedule has been announced. It will ply twice a month (beginning 11 November) in November, December 2006 January and February 2007. to experience the past that too in a luxurious way is the cherry on the cake for the tourists who have been operated upon. They take with them not only a healed body but a beautiful train journey to remember.

EXPERIENCES OF FOREIGN PATIENTS

A Canadian patient

Across Canada, thousands are on waiting lists for surgeries. In some cases those waits can last for years.

A year ago, Aruna Thurairajan of Calgary was becoming resigned to the idea of living in pain. At the age of 50, a spinal condition was making tasks like reaching over her head impossible.



"I had almost 20 to 40 painkillers a day," she says.

Aruna Thurairajan

Her doctors in Alberta said there would be a three-year wait for corrective surgery.

"I went over to India... and I had the surgery," Thurairajan says.

Six weeks later not only could she lift her arm, she could also endorse this cheque from the province of Alberta, reimbursing her for almost the entire cost of the surgery despite the fact it was done in a foreign private hospital.

"I had a legitimate claim, I processed it just the way they wanted, I didn't make any unreasonable demands," she says,

An out of country health services claim is little known, little used. Alberta only had 45 cases last year. It's an option for patients who simply can't get into a hospital quick enough.

"The basic criteria are [that] it be an insured medically necessary service unavailable in Alberta or elsewhere in Canada," says Howard May of Alberta Health. "After that we look at each case on a case-to-case basis."

It's not just Alberta; each province has a similar process. The catch is patients often

pay up front. Enter the great Canadian health dilemma. Are Canadians "jumping the queue" for free? Sharon Sholzberg-Gray speaks for the Canadian Healthcare Association.

"Certainly it's a form of 'queue-jumping,' but if someone went and got the treatment and it was medically necessary, and they can show it was, one could argue it was just to reimburse them," she says "There is no thing called queue-jumping when it comes to your own health. You don't want to end up paralysed or dead," Thurairajan says. She'd rather have had the surgery at home, around family and friends, but on the end she's living pain-free. All she had to do was write a cheque... that she'd gladly write again.

Medical Tourism: Hidden dimensions

Wayne Steinard, on the wrong side of the 50s, was leading a normal citizen's life in Florida as a building contractor specialising in poor peoples' homes, when discovery of a heart ailment brought dark clouds over his future. Medical tests alone, he found to his horror, would cost as much as US \$10,000 which is all he could have raised from his own resources. Where would the funds for the expensive surgery come from? Steinard is among the large number of citizens of the world's only super power (some estimates put the figure at 45 million) who have either no medical insurance cover or are under-insured. Along with prayers he took refuge in the internet which is where he found relief. India, he was told was one country where he could get the right treatment at the right cost even without an insurance cover. But, then all he knew of India was what he learnt at school half a century ago, that although it was a great country with a glorious past, it was ridden with poverty. Two things helped him get over his misgivings - the presence of a very large number of Indian doctors in America (and even in his own Florida), and, a chance encounter on the internet with a Tom Borta, who had a rewarding experience of treatment in India. What made him take a final decision in favour of India was contact with Planet Hospital, an America-based agency that connects patients with low cost medical facilities around the world including India.

To cut Steinard's long story short, Planet Hospital organised a teleconference between him, his local doctor, and Max Devki Devi Heart & Vascular Institute in south Delhi. Accompanied by his daughter, Beth Keigans (who works for Walmart), he flew into

the Indian capital and underwent a triple bypass under the care of Dr Anil Bhan, chief cardio thoracic surgeon at Max. A beaming Steinard told this writer as he was being discharged from Max hospital on May 25, that in India he had found an answer to his prayer to God (and internet he added with a smile). "I still cannot believe", he said, "that expenses on the surgery, other hospital charges, airfares and hotel stay do not add up to US \$10,000." He was very touched by the personalised attention he received from doctors and nurses, something unknown in his own country. Steinard had a special word for Planet Hospital whose executives stayed 'connected' throughout with the cell phones provided to both father and daughter and said they were impressed with the meeting arrangements at the airport, transfers to hotel and hospital. Asked if he would visit the Taj Mahal, Steinard shot back, "You bet we will. Right tomorrow. Vipul Jain (head of Planet Hospital in India) has already organised that."

Surprisingly the Wayne Steinard story has yet to find space in the Indian media, TIME magazine has covered it in its latest Asia Pacific issue.

The genesis of Planet Hospital is an interesting development in itself. Three young entrepreneurs in America -- an Indian (Vipul Jain), a Canadian (Rudy Rupak) and an American, (Valarie Capleito) had been planning to set up a business together. On a visit to Bangkok, Valarie Capleito had to be hospitalised. Sensing the quality of treatment in the so-called "developing nations", the low cost and no wait-list, the trio saw immense potential for an outfit that could "help patients find the best and least expensive medicare". Planet Hospital was thus incorporated at Los Angeles just three years ago. According to Jain, it has already emerged as the largest agency in the field with marketing offices apart from India, in the United States, UK, France, Australia and New Zealand with access to treatment in India, Thailand, Belgium, Costa Rica, Brazil, Mexico and Argentina. The Indian tie-ups include Apollo, Wockhardt, Hiranandani and Max. Starting with small numbers, Jain said, the Indian arm is handling a patient a day from abroad. The Indian chief of Planet Hospital pointed out that it is not only the cost factor or the on-demand availability that will attract patients to India. It is also the fact that India offers certain surgeries and orthopedic procedures which are not available in advanced countries like America, and that makes India a preferred destination. He gave the example of hip-resurfacing which is not on offer in the USA but available in India.

Jain estimated that last year as many as 200,000 patients came to India. But this figure should be viewed in comparison with Bangkok where one hospital alone took care of 150,000 treatment seekers from abroad. Airfares to India are higher than, say, Thailand, hotels more expensive and visas not hassle-free.



Paul Opel

We got here and were picked up at the airport and then had 3 days of tests in the hospital before the surgery. I was actually very happy - in the US, I would only have gotten a lumbar MRI and here, the procedure was to do a full spine MRI and they found that I had a tumor in my neck. If I would have found this in the United States, I would be getting 2 operations instead of 1 and that was potentially a very dangerous thing not to know about it. I am very grateful that the procedures were so thorough here. In that way, I got better treatment than what I would have gotten back home.

When I got here, everything was just very easy. They took care of everything that they needed to do. It was much less expensive here.

I have been having problems with my back for about a year and gotten to a point where I couldn't walk for more than a couple of hundred feet without having to sit down. I finally went for an MRI and as soon as they looked at that they said, " O! You need surgery". I have a cousin who is a radiologist who said, " You need a full back replacement". However, I didn't have medical insurance and I couldn't afford the surgery in the United States. So I started looking out wondering what to do and finally found it important to come to India to be operated on.

After surgery, it has now been about 2 weeks and I am 90% back. I can walk farther than I have been able to walk for years. Probably in a month I will be all put back together. They say that my chances are about 90% of never needing surgery again.

The people, the nursing staff was tremendously friendly and willing to help and down in the Physiotherapy, they were great.

After being in the hospital, I was released to a beautiful private club where I was able to relax and recuperate with no stress at all and that worked very well. Then, I finally got a chance to see a little of the real India; we had a few days in before we had to go back.

The doctors were superb, very well trained, very well spoken, I was always happy to see them. They talked to me well, told me what was going on and it filled me with confidence every time I talked to them.

The overall experience has really been very good, mostly because now I have been put back together. The food was amazing. I ate really well. The food in the hospital was way better than any hospital food I have ever had and seen in the US. It's a beautiful facility - new, modern, and clean. The room we were in was nicer than most hotel rooms we have been in. The view of the flower garden from the sixth floor is just a very pleasant place to be. Wockhardt, Bangalore is surely a good choice for getting a surgery

Knee Surgery, USA



Hello, I am Maudine Sherber from America, Texas. I came to India on May 9th 2006 to have Dr. Malhan to look at my knee and to remove the plate and screws which were there since last year, after I had an accident back home in US. After a lot of mails exchanged and discussions I had with Mr.Thukral and Dr. Malhan, arrangements were made for me to fly to India.

We were picked up from the airport by the hospital staff and I was admitted in a

comfortable room. The next day they took me for a detailed health check and also had my heart checked out while here. I also had an angiogram done and found my heart was in very good shape. The next day Dr.Malhan took me up for [surgery](#) to run scope and look around and made some repairs and removed the plate and screws and found that the joint was in good condition, but leg had a few problems and leg crocked somewhat.

I can honestly say that I can't remember ever been taking care of by so many nice, kind, and caring people. I'm sure that many people will find it to be a big decision as I did to come to a different country not knowing anyone and worrying about the language barrier, and being so far from home.

Well let me reassure you that was not a problem. They speak good English and if there was ever a time when I had a small problem there was always someone there to help. As far as feeling homesick I felt that I had met many new friends. We traded many stories between us. My husband came with me and we had a very large room and he had his own bed, TV, ice box, and a computer to our use to be able to keep in contact with our family. Dr.Malhan was very explanatory of my surgery and the problems with my knee and of the work and repairs that he made. We received a DVD of my [knee surgery](#) and of my heart test. After almost a year of pain and discomfort I am finally close to being my old self.

Yesterday we went for local sightseeing in Mumbai. My husband and I really had a nice time. Mr. Borat took care of me as he might would his own mother. We went to this really nice Chinese place and the food was excellent. The drive was like riding in the Indianapolis 500 but all in all was very exciting. The Prince of Wales Museum was great and the Gateway to India was spectacular.

I feel I was blessed in being allowed to make this trip. It will be an experience I will never forget. There is no doubt that I would recommend this Hospital to anyone who needs medical care of any kind. If you ever have any concerns about making this trip feel free to contact me, I will be glad to be of any help to you that I can. Good luck in all your decisions.

Conclusion

India is a developing country and a lot needs to be done before we can call ourselves as a developed country, all we can claim is to be a progressive one. After the dotcom boom in the nineties we have gone through a lean patch as such. India as an emerging nation needs to grow both from within and outside; in the sense development needs to be done both for the Indian Diaspora and at the same time opportunities need to be grasped and developed so that foreign investment pours in.

After the dotcom rush India has again got the opportunity to earn billions of dollars with tourism. We have all the bases covered in the sense we have the qualified doctors and consultants, we have already developed the trust of people the world over in the past decades and we also have the exotic environment meant for tourism. All that we do need is to make the transition from being a potential destination to a fully rewarding and sound medical tourism destination which is equivalent to or better than any service offered world over.

The question that India will have to handle in the coming years is how to justify giving world class medical care to visitors where as it spends just 1.4 % of its GDP on medical care of its own people. Health of its own people will reflect on the robustness of the general state of the country. So unless this is balanced off the issue of biasness will keep on cropping up.

Time and again we see that the root of all our national issues and problems arise from having an inherently weak infrastructure with poorly executed law and order and political red tape. Compounded with the problem of over population, dwindling natural resources and reckless disregard for the environment we stand at a junction where things can go haywire or they might become extremely successful if we only start resolving them. Currently it is like moving 1 step ahead and then going 3 steps backwards. Medical tourism is based on having a well oiled network of tour operators, medical facilities, hotels, conventional tour packages and infrastructure tools such as electronic connectivity, air network and good sanitation. Only then we can compete with already established markets such as in Thailand, south American states such as Mexico and Costa Rica etc.

Although the situation appears to be grim there is still hope. One step at a time is all that is needed. First and foremost is to have the basic infrastructure in place such as having proper road and rail connectivity, having a good network of airports to all the major states and cities and with the countries from where the potential tourists will arrive such as the US the middle east and western Europe and also the major African and Islamic countries in Asia. Secondly but more importantly there is a need to put forward the information required by the tourists. Aggressive marketing is the only way to go as seen in the case of Thailand, Singapore, Malaysia etc. Not only that there should be government authorized websites where people can get all the information regarding surgeries, hotels, cost comparison etc. they have to be developed exclusively for the medical tourism purpose. Twenty four hours helpline, television advertisements, getting information and advertisements published in medical journals and popular magazines etc is a worthwhile investment. We have already seen how successful the *Incredible India* campaign is. Based on similar line but exclusively for medical tourism other such campaigns must be developed.

Since India already has the advantage of having highly qualified, English speaking doctors and medical staff it seems just a matter of time when medical tourism will take off in a big way. We have the cost advantage, we have the skills advantage we even have world class facilities and so all we need is a better image, a functional infrastructure and some clever promotional campaign. This is a golden opportunity which we cannot pass up. Not only that the foreign currency that we earn is going to give our own people various benefits. It just seems like a circle in which all the bodies who participate have a win-win situation on hand.

The idea of doing this project was to bring to light how medical tourism is the 21st century's golden goose for India. Bringing out all the true facts, the weak points and in general trying to understand the phenomenon itself of medical tourism has been insightful. This project has been laborious since finding out relevant information is difficult and there are very few sources to find it out from.

It has been worthwhile doing this project on medical tourism since it is an upcoming industry with lots of potential and also facing various difficulties. The main idea behind doing this project was to highlight all the important features and data and

give atleast a bird's eye view over the concept of tourism for medical purpose. In conclusion I can easily say that medical tourism for India is a once in a life time opportunity and we certainly need to take up on our strong points in order to become the leading nation in this area. I hope I have done justice to my project and based on the data collected I might easily say that India is the place where people come to heal themselves since god's grace seeps and flows through all the pores of India. We are a nation of people who feel honor in helping out and healing the mind and the spirit. I therefore dedicate this project to all the worthy doctors and medical professionals and to India my mother and may gods will guide us to do a better and prosperous era.

“Atithi Devo Bhava”

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While working on this project I collected some information from Wockhardt Hospitals. They provided me the information through e-mail.

However to support the same I have done some most of the research work from following newspapers, magazines and book:

Articles from Economic times ,Times of India, Hindustan Times.

Book on Medical tourism.

Magazines: India today.

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