Aachen (Germany) 3, 158
‘Abenomics’ 289
abortion
and accounting for trade in healthcare 97–8
and circumvention tourism 350, 351–2, 353–6, 358
and marketing of health services 166
and rise of modern medicine 5
and South African healthcare system 328
ACA (Patient Protection and Affordable Care Act, 2014) 247–8, 250–51, 252–4, 255, 315
access to healthcare
and aftercare 10
democratization of 123–4
and dental tourism 405
ethical issues 342
European retirement migration 258–67
and Latin American patient mobility 313–20
and migration 238, 240–41
and online information 10
US Mexican-American population 247–55
accountability 105, 127, 160, 383, 405–6, 409, 461
accounting for trade in healthcare
borderline issues 97–8
collective healthcare services 96–7
collective healthcare services
concepts and definitions of trade 93–4
data sources 93, 98–102, 103
enterprise/business surveys 99–100
and health insurance 96, 100–101
and illegal procedures 97–8
imports/exports 92, 93, 94–7, 98–9, 102–3
individual healthcare services 95–6
intermediate/final use distinctions 98
medical goods 96
reporting of trade 102–3
retail industry data 100
SHA framework 92–103
tourist surveys 97, 99, 100, 101
accreditation/certification of healthcare providers
benefits to medical tourism 377
and big medical institutions 134
characteristics of accreditation systems 371–2
data on medical tourism 371, 376
definitions of accreditation 370–71
and economic theory 87, 89
and facilitator industry 148, 150
and geography of responsibility 123, 125
and global competitiveness 62
and government intervention 80
and growth of India’s medical tourism industry 297
and healthcare regulation 370, 372–3
international external evaluation organisations 373–6
and internationalization of healthcare 11
ISO certification 87, 373
Japanese healthcare system 289, 292–3
and marketing of health services 148, 150, 165, 189
Middle Eastern medical tourism development 309
and patient safety 371–4, 377
performance indicators 370
and quality of care 87, 371–6
reach of information 376
and supply and demand 73, 74, 189
Thai healthcare system 268, 269, 283
Turkish healthcare system 333–4
and Western medical culture 221
acculturation 219, 221
ACHSI (Australian Council on Healthcare Standards International) 374
ACI (Accreditation Canada International) 373–4
Activity Plan for Tourism Strategy of Turkey (2007–2013) 335
actual WTT (willingness to travel) 48
’aesthetic medicine’ 428
affordability (healthcare-seeking motive) 231–2, 234
Afghanistan 300, 302, 303
aftercare
and access to healthcare 10
bariatric surgery tourism 437–8, 439
and clinical interactions 456–7
and cosmetic surgery tourism 426–7
demand-side perspectives 184, 186, 188
dental tourism 403, 406, 409
and migration 233–4
and negative externality 78–9, 81
online information 174, 179, 180, 181
and outcomes of medical tourism 464–5, 469–70

Neil Lunt, Daniel Horsfall and Johanna Hanefeld - 9781783471195
Downloaded from Elgar Online at 03/18/2019 06:54:00PM
via free access
and quality of care 86
supply-side provision 188, 189
AIDS 326, 327–8
airlines 150–51
alternative medical opinions 366–8, 388
American College of Surgeons 74
American Medical Wellness Association 396
American Mission Hospital (Bahrain) 307
American Society for Plastic Surgeons 347
‘anchor babies’ 19
antibiotic resistance 193, 196–7, 198
Anti-Human Trafficking Law (Philippines) 415–16
Apollo Group (India) 40, 116, 133, 242, 297, 300, 303, 304
Apollo Healthcare International 84
Ar Rahma American Mission (Oman) 307
Argentina 169, 317–20
ART (antiretroviral therapy) 328
ARTs (assisted reproductive technologies) 97, 441
ASEAN (Association of Southeast Asian Nations) 156
Asian economic crisis (1997) 6, 283
assisted suicide 350–51, 353, 354, 355–6
asthma 366, 367
Australia 228–9, 353, 374, 375, 387–8, 403–9
Australian Dental Association 406
availability (healthcare-seeking motive) 231, 234
availability of clinical talent 61–2
availability of management expertise 62
Ayurveda therapy 168–9, 225, 395
BAAPS (British Association of Aesthetic Plastic Surgeons) 180
Baden Baden (Germany) 3
Bahrain 308, 464
balance of payments 93, 98, 101
Balneo-phsysio-therapy 398
Bangkok International Hospital 282, 285–6
Bangladesh 223, 303, 416
BAPRAS (British Association of Plastic, Reconstructive and Aesthetic Surgeons) 469
bargaining power 58
bariatric surgery
aftercare 437–8, 439
background to 432–3
and child medical tourism 365
choosing providers 435–7
complications 437, 438, 439
and data on medical tourism 27, 29
demand side perspectives 185
and general practitioners 434, 438–9
and motivations for medical tourism 431–2, 433–5, 436, 439–40
online information 176–9, 435–6
and outcomes of medical tourism 437, 439, 466–7
and risk 436, 439
study interviewees 431–2
‘barriers to trade’ 79
Bath (England) 3
Belgium 107, 156, 158, 433, 435
Bhumibol Adulyadej, King 281
Bhutan 303
‘big data’ 65
billing practices (facilitator industry) 151
bi-national health insurance 248, 249–55
biosecurity 132, 193–200, 243
‘block-demand’ 78
BlueCross (health insurance provider) 87
BMI (body mass index) 433, 434
Bolivia 318–19
‘boosterism’ 11, 16, 25, 27, 33, 184
Botswana 328
‘brain drain’
and equity impacts of medical tourism on LMICs 113, 116–17, 120
and ethics of healthcare 241–2, 344–5
and geography of responsibility 125
and governance strategies 159
medical tourism as alternative to 81
and two-tiered health systems 90
Brazil 123, 374–5, 428
brokers
brokerage fees 166
and cosmetic surgery tourism 424–6
and cultural competence 220
and demand-side dynamics 186
and governance strategies 161
and quality of care 86
role of 131
and transplant tourism 413, 414
see also facilitators
Bumrungrad International Hospital (Thailand) 89, 133, 134, 135, 282, 283, 284
burden of risk 386
CABG (coronary artery bypass graft) 147
CAHME (Commission on the Accreditation of Healthcare Management Education) 62
CAM (complementary and alternative medicine) 225
Canada 228–9, 373–4, 375, 451–8
Canada Health Act (1984) 451
cancer patients
and child medical tourism 363
and diasporic medical tourism 211–12
Index

and price elasticity 85
and willingness to travel 52
capital (as production factor) 84
CCGs (Clinical Commissioning Groups) 46, 433, 434
certification schemes see accreditation/certification schemes
changeability 1, 11–12
child medical tourism 360–69
China
  and clinical interactions with medical tourists 455
  and cosmetic surgery tourism 135–6, 137, 138, 422
  and global competitiveness 60, 61, 62
  and niche treatment providers 135–6, 137, 138
  and thermal bath tourism 393, 397
  and traditional Chinese medicine 87, 395, 397
  and transplant tourism 413, 414–15
CHKS accreditation 374
CII (Confederation of Indian Industry) 297
circumvention tourism 350–58
citizenship tourism 19
City Hospitals Project (Turkey) 336
Cleveland Clinic 84
climate change 193, 196, 199, 200
clinical interactions 453–8
COHSASA (Council for Health Service Accreditation of Southern Africa) 374
Collaborating Centre for Patient Safety Solutions 11
collective responsibility 69–70, 128
‘collective’ medical tourists 72
Colombo 303, 304
commercialization of healthcare and biosecurity 132, 200
ethical issues 341–2
and geography of responsibility 123–4
  impact of 131–2
and patient mobility 244
and reputation 132
and risk 132
and social markets 132
and supply and demand 132
and trust 132
Commission for the Examination of Medical Tourism in Public Hospitals (Israel) 160
commodification of healthcare 1, 8–9, 10, 12, 104, 279, 356, 387
communitarianism 90, 355
company characteristics 147
comparative advantage 9, 42, 83, 84, 146, 278, 280, 399
  competence trust 383, 384
  competitive advantage 58, 62, 63, 65–6, 84, 134–5, 165, 166–7, 332
  ‘consequentialist corruption’ 356
  consumer retrieval 185–6
  Continental International (airline) 150–51
  continuity of care 125, 156, 159–60, 234–5, 365, 367, 384–5, 438, 458
  cosmetic surgery
    and accounting for trade in healthcare 97
    and biosecurity 195, 198
    and brokers/facilitators 424–6
    complications 426–7
    and cultural expectations 224
    data on cosmetic surgery tourism 421
    defining cosmetic surgery tourism 421
    and definitions of medical tourism 18, 20, 21–2
    drivers of cosmetic surgery tourism 422–3
    and ethics of healthcare 347
    ‘ethnic’ 135–6
    and financing mechanisms 105
    future of cosmetic surgery tourism 428
    and health insurance 421
    and marketing of health services 165, 166, 423–4
    and motivations for medical tourism 391–2
    and niche treatment providers 134, 135–6, 137, 138–9
    online information 136, 137, 138–9, 176, 177, 181, 423–4, 425
    outcomes of cosmetic surgery tourism 426–8, 465, 469
    and patient safety 134, 136
    and price of healthcare 84, 85
    and quality of care 422, 424, 428
    and risk 426–8
    and South African healthcare system 326, 329
Costa Rica 123, 128, 224
‘counterfactual’ test 343–5
coverage (in healthcare accreditation) 371
cross-border provision (GATS modes of service) 38–9
cross-price elasticity 85
cross-sectoral policy networks 156–8
Crown Prince Courts 308, 311
CSR (corporate social responsibility) 127–8
Cuba 8, 161, 455, 456
cultural ‘barriers’ 211–12
cultural and religious diversity 292
‘cultural comfort’ 213
cultural competence 167, 217, 219–21, 225
culture
  cultural expectations 217, 224–5

Neil Lunt, Daniel Horsfall and Johanna Hanefeld - 9781783471195
Downloaded from Elgar Online at 03/18/2019 06:54:00PM
via free access
defining 218–19, 225
and definitions of medical tourism 218
and globalization 221–2
and migration 223–4
and motivations for medical tourism 217, 224
customer care 7, 189–90
Czech Republic 442, 446, 447
da Vinci Surgical System 60
data on medical tourism
accounting for trade in healthcare 92, 93, 95, 98–102, 103
and accreditation/certification of healthcare providers 371, 376
and biosecurity 197–8
and ‘boosterism’ 11, 16, 25, 27, 33, 184
continuing rise of medical tourism 27–32
cosmetic surgery tourism 421
and costs/cost-savings 25–7
and definitions of medical tourism 29
and economic theory 89
estimating numbers 381
expatriation rates for health workers 125
fertility tourism 27, 29, 352, 441, 442, 445–6, 448
financial value of medical tourism 32–3
and financing mechanisms 109–10
and foreign direct investment 296
and growth of India’s medical tourism industry 300–301
inflation of patient figures 16, 25
Japanese healthcare system 289–91, 293
migration statistics 228–9, 314–15, 317–18
monitoring patients 69
and motivations for medical tourism 25, 26–7, 30, 32
online healthcare search data 143–4, 174–5
outcomes data 462–3, 467
and risk 25, 33
South African healthcare system 323–4, 325, 327–8
Thai healthcare system 270–74, 281, 285–6
and trade in health services 38, 39, 40, 41–2, 242
and transplant tourism 412, 413–15, 416–17
Turkish healthcare system 332–4
DBJ (Development Bank of Japan) 293
Deloitte (professional services network) 28, 29, 381
demand driven effects 72
demand-side dynamics 184–8, 190–91
Democratic Party of Japan 288, 289, 293
democratization of access to medical care 123–4
Denmark 50–51, 230, 232, 235
Dental Board of Australia 406
dental implants 176, 403, 404–5, 407–8
dental tourism
aftercare 403, 406, 409
benefits and risks of 405–6
complications 406–9
and definitions of medical tourism 18
and deregulation 404–5
growth of 403, 404–5
online information 176–9
and patient safety 404, 405–6, 409
patient types 405
and price of healthcare 84
and risk 404, 405–6, 409
Dependency Law (Spain, 2011) 266
detecting circumvention tourism 357–8
DHA (Dubai Health Authority) 310
DIAS (DNV International Accreditation Standard) 374
diaspora patients
concepts of ‘home’ 208, 212–13, 214
and financing mechanisms 104, 106
and general practitioners 209, 210–11, 213
‘home-bound’ medical travel 207
New Zealand case study 207, 209–14
and ‘therapeutic landscapes’ 208, 212–13
difference principle (Rawls) 343
differentiation 87–9
DIGNITAS (assisted suicide clinic, Switzerland) 350–51
disease control 117–18, 193, 194–6
dissemination of care practices 62–3
distance and time measures (of willingness to travel) 48–9
distance–quality trade-off (willingness to travel) 50–51
distributive justice 342–3, 345, 357
‘diswelfares’ 82
Dominican Republic 198
‘double coincidence of citizenship’ 356
DRG (diagnostic-related-group payment) systems 46
Dubai 119
Dubai Health Care City 7, 9, 155, 310, 382
due diligence 86, 159
everly retirees 264, 265
‘economic elitism’ 5
'economic rent' 58

economics of healthcare
and differentiation 87–9
financing mechanisms 104–10
and government intervention 79–80, 83, 88–9
impact of medical tourism on market structure 79
and negative externality 78–9
neoclassical/institutional economics 82
and price 83–5
and quality of care 77–8, 83, 85–7, 89
and supply and demand of healthcare 71–4, 82–3, 85, 88, 89–90
and system wide effects of medical tourism 75–80, 81

‘economic territory’ (trade definition) 94
economies of scale 88, 89, 145–7, 159
economies of scope 145–7, 149
EEG (electroencephalography) 366
egalitarianism 342–3
Eighth Amendment to the Irish Constitution 351
‘embourgeoisement’ 85
emergence of medical tourism 3–5, 27–32
endoscopic technology 294
‘enforcement jurisdiction’ 353
enterprise/business surveys 99–100
‘entrepreneurial governance’ 285
EQuIP (Evaluation and Quality Improvement Program) 374
equity 112–21
ESHRE (European Society of Human Reproduction and Embryology) 352
ethical issues
child medical tourism 360–69
benefits of 360–69
distributive justice 342–3
ethical hiring protocols 241–2
and geography of responsibility 123–8
‘harm’ 343–5
illegal procedures 350–58
and liberalization of healthcare 341–2
media coverage of 339
outcomes of medical tourism 341
and responsibility 341, 345–8
‘ethnic cosmetic surgery’ 135–6
ethnocentrism 219–20
EU (European Union)
and financing mechanisms 108–9, 110
governance strategies 156, 160
and healthcare regulation 372–3
and internationalization of healthcare 10–11
legal migration framework 258–9
and payment mechanisms 386
and quality of care directive 11, 77–8
EUCBCC (European Union Cross-Border Care Collaboration) 156
EUREGEO II research programme 156
European Social Charter 258
European Social Security Agreement 334–5
experimental tourism 8, 350–51, 353, 354, 355–6
expatriation rates for health workers 125
exports of healthcare goods and services 10, 92, 93, 94–7, 98–9
‘external tolerance’ 354–5
‘extra-clinical’ meanings 208
extraterritorial criminalization 353–7
facilitators
billing practices 151
and cosmetic surgery tourism 424–6
and cultural expectations 224
and demand-side dynamics 186
economies of scale/scope 145–7
emergence of 141
and financing mechanisms 105
and governance strategies 154–8
Indian healthcare system 296, 297, 300
and international referral offices 143
and management information 148–9
marketing strategies 143–52
market structure 142–3
and monopolistically competition 141–2
and online marketing 143–4, 147–8, 150, 152
and physician influence 150
and quality indicators 148, 152
range of destinations offered 145–6, 152
role of 131, 141
South African healthcare system 323, 324–5, 326, 329
South Korean marketing case study 166–7, 169–70
and strategic partnerships 150–51
and travel agents 145, 147
treatment types offered 146–7
and trust engineering 147–51
see also brokers
fair trade 121, 127, 128
familiarity (healthcare-seeking motive) 232, 234
‘fantastic offers’ 25
FDI (foreign direct investment) 40–41, 92, 296, 302–4, 305
fertility tourism
and circumvention tourism 350, 352–3, 356
data on 27, 29, 352, 441, 442, 445–6, 448
and equity impacts of medical tourism on LMICs 119

Neil Lunt, Daniel Horsfall and Johanna Hanefeld - 9781783471195
Downloaded from Elgar Online at 03/18/2019 06:54:00PM
via free access
Handbook on medical tourism and patient mobility

evidence of 442–4
experiences of cross-border patients 443–4, 446–8
implications of cross-border treatment 444, 447–8
and internationalization of healthcare 8
and marketing of health services 165, 168
motivations for 441, 442–3, 446, 448
online information 180–81
and outcomes of medical tourism 465, 467–9
and patient safety 442, 444
and risk 443, 444, 468
Transrep Study 444–8
and Western medical model 221–2
financial value of medical tourism 32–3, 39–40, 112–21
financing mechanisms 104–10, 119–20
Finland 233
‘flat world’ geographical idyll 123
follow-up care see aftercare
Fortis Parkway Group 120
FPL (Federal Poverty Level) 251
France 53, 221
Fresenius (healthcare group) 40
FRRO (Foreigner Regional Registration Offices) 299, 301, 302
FTs (Foundation Trusts) 46–7
funded travel schemes 106–8
‘Gangnam’s Beauty Belt’ 135
gastric bands/bypass 27, 176, 365, 432, 437–8, 465, 466
GATS (General Agreement on Trade in Services)
and ethical hiring protocols 242
and globalization 37–41
and liberalization of healthcare 341–2
modes of services 38–41, 329
and price of healthcare 85
and South African healthcare system 329
GATT (General Agreement on Tariffs and Trade) 37–8
GCC (Gulf Cooperation Council) 307, 308, 309, 310
gender 49, 271–2
gender reassignment surgery 365–6
general equilibrium effects 75–6
General Medical Council 362
geography of responsibility 123–8
Germany
accounting for trade in healthcare 102–3
accreditation/certification organisations 376
and clinical interactions with medical tourists 454
and demand-side networks 187
and global competitiveness 60, 61, 62, 65
medical tourism governance strategies 158
and Middle Eastern medical tourism development 310
and South African healthcare system 324, 326, 329
and thermal bath tourism 396, 399
as ‘top medical tourism destination’ 123
and Western medical model 221
Ghent University Hospital (Belgium) 158
GID (Gender Identity Disorder) 366
‘Gillick’ competence 362
Global Code of Practice on the International Recruitment of Health Personnel 241
global competitiveness
and availability of clinical talent 61–2
and availability of management expertise 62
competition for international patients 64–5
and competitive advantage 58, 62, 63, 65–6
and dissemination of care practices 62–3
factors influencing 59–63
future trends 65–6
and marketing of health services 64
and national investment in research 60
and national support for international patient care 60–61
outcomes of medical tourism 59, 60, 64–6
and payment rules 75
and risk 65
and solution shops 58–9, 66
and tertiary care 57
and value-adding processes 58, 59, 66
global financial crisis 28
‘global medical care’ 17
globalization
and changeability/volatility 11–12
and commodification 8–9
defining 37
and culture 221–2
and dental tourism 403
and geography of responsibility 123–8
and information and service access 10
and internationalization of healthcare 5–12
and LMIC countries as stakeholders 6–7
and migrants’ use of healthcare 228, 235
and national government interests 9
and national support for international patient care 60–61
and multiple forms of government 10–11
and patient choice 6
and patient mobility 244
and privatization 89
and trade in health services 37–42, 92
and trust 388
‘good health’ 82, 84, 90
and government intervention/regulation
Index

and economics of healthcare 79–80, 83, 88–9
and equity impacts of medical tourism on LMICs 117, 119–20
and extraterritorial criminalization 353–7
and growth of India’s medical tourism industry 297–8, 299
facilitation strategies 154–8
funded travel schemes 106–7
governance strategies 154–61
immigration policy 229, 247–8, 252–4, 255, 315–16, 318–19
Japanese healthcare system 288–91, 292–4
liberalization of healthcare 341–2
and Mexican-American access to healthcare 247–55
and patient safety 156, 339
and PPPs 157–8
provider role 160–61
public policy strategies 131, 154–61
regulator role 159–60
and responsibility of home countries 345–6
and travel/transport costs 84
US Mexican-American population 247–8, 249–55

Health Cards 262–3
Healthcare-associated infection 196, 197–8
Healthcare organisations (HCOs) 370–72
Healthcare professionals (HCPs) 360–62, 363–4, 365, 366–9
Health Cards 262–3
healthcare ecology 159
Health Care Value-Added Platinum Program (Taiwan) 154
healthcare worker migration 238–42, 244

'health diplomacy' 8

Health Free Zones 336

health information provision 131
health insurance
and accounting for trade in healthcare 96, 100–101
and cosmetic surgery 421
and dental tourism 405, 406
and economic theory 84
and European retirement migration 263–4, 265
and funded travel schemes 107–8
and general equilibrium effects 75–6
and governance strategies 158
and Latin American patient mobility 315–17
and migrants’ use of healthcare 230, 231–2, 233
and out-of-pocket payments 101
and patient choice 80
and payment mechanisms 386
and payment rules 75
and quality of care 87
and risk 76
and supply and demand of healthcare 71, 72, 74

Health Insurance Card (EU) 108
health service reconfiguration 51–2
healthy migrant effect 229
HFEA (Human Fertilisation and Embryology) 180–81
'hierarchical networks' 188
'high brand' hospitals 212–13, 214
'high-end' procedures 32, 33, 205, 300, 303
Hippocratic Oath 82
history of medical tourism 3–5
HIV patients 50, 326, 327–8
‘home’, concepts of 208, 212–13, 214
HON (Health on the Net) 148
'horizontal equity' 114
hot springs 393, 394–7, 400
household surveys 101
HTP (Health Transformation Program, Turkey) 332, 335
Human Organ Transplantation Act enacted (India, 1994) 414
human rights 82, 114, 243, 313, 318, 319, 342, 352
Hungarian National Tourist Office 399
Hungary 123, 393, 394, 398–9
Iceland 400
ICMART (International Committee
Monitoring Assisted Reproductive Technologies) 442

IFC (International Financial Corporation) 39

illegal procedures
and accounting for trade in healthcare 97–8
and circumvention tourism 350–58
and economic theory 87–8
and extraterritorial criminalization 353–7
and marketing of health services 166
and motivations for medical tourism 352, 355
and patient safety 350
and risk 328, 350, 357, 358
and South African healthcare system 328
see also under transplant tourism 411, 412

IME (International Medical Exchange) 289

immigration policy 157, 229, 247–8, 252–4, 255, 315–16, 318–19
Immigration Reform and Control Act (1986) 254

imports of healthcare goods and services 92, 93, 94–7, 98–9, 102–3
IMSS (Instituto Mexicano del Seguro Social) 250, 252

IMT (international medical travel) 279–84, 285–6

inconsistent medical fees 291–2

India
and biosecurity 195
and circumvention tourism 353
and clinical interactions with medical tourists 453, 455–6
and cross-border mobility agreement 240
and demand-side networks 187
and equity impacts of medical tourism on LMICs 112, 116, 117
and facilitator industry 145–6
and foreign direct investment 296, 302–4, 305
and global competitiveness 62
and growth of medical tourism industry 297–9
and internationalization of healthcare 9
and marketing of health services 169
and medical tourism governance strategies 157
and South Asian medical tourism market 164, 296, 298–301, 304–5
as ‘top medical tourism destination’ 123

Indonesia 112, 128, 137, 143, 374
industry rivalry 58
inflation of patient figures 16, 25
information, reach of 376, 461–3, 467

informed consent 82, 87, 339, 341, 362–3, 385, 415, 458

Institute of Medicine (US) 462
institutional economics 82
insurance see health insurance
intentional trust 383, 384
interactional styles 455–7

International Forum on Cross-border Reproductive Care (2009) 442

international referral offices 143

internationalization of healthcare
and changeability/volatility 11–12
and commodification 8–9
and geography of responsibility 123–8
information and service access 10
LMIC countries as stakeholders 6–7
and multiple forms of government 10–11
and national government interests 9
and patient safety 7, 11, 12
and provider developments 7–8

Internet
and accounting for trade in healthcare 95, 96
and bariatric surgery tourism 176–8, 435–6
and cosmetic surgery tourism 136, 137, 138–9, 176, 177, 181, 423–4, 425
and demand-side dynamics 185, 187
and facilitator marketing strategies 143–4, 147–8, 150, 152
and health information provision 131
and marketing of health services 143–4, 147–8, 150, 152, 170176–9, 181–2
and motivations for medical tourism 386
and online healthcare search data 143–4, 174
and patient safety 7, 11, 12
and social media 138–9, 171, 186–7, 424, 425, 457
and supply and demand of healthcare 74
‘watchdog’ websites 179–81, 182
website design 174, 176–9

‘intrinsic corruption’ 356

inverse care law 240–41

IPS (International Passenger Survey) 30
Iran 417–18
Iraq 308
Ireland 231, 351–2, 353–4

ISO (International Organization for Standardization) certification 87, 373
ISQua (International Society for Quality in Health Care) 372, 374, 375, 376
Israel 120, 160, 417
ISSS (Salvadoran Social Security Institute) 316–17
Istanbul Declaration 416, 417
Italy 53
ITRS (International Transactions Reporting Systems) 101–2
ITS (International Trade Statistics) 101–2
IVF (in vitro fertilisation) 119, 125, 146, 165, 168, 185, 441, 442, 468,
Jamaica 161
Japan
and Asian medical tourism market 164 challenges to treating international patients 291–2
data on medical tourism 289–91, 293
evaluating treatment quality 292–3
and fertility tourism 442
future medical tourism research 293–4
and global competitiveness 60, 61, 65
government health surveys 289–91
growth of medical tourism 288–9, 293–4
and internationalization of healthcare 9
medical technology 293–4
and Oriental medicine 165
and patient safety 288, 292, 294
and thermal bath tourism 393, 394
Japanese Tourism Agency 143
JCI (Joint Commission International) 374–6
accreditation schemes 123, 126, 134, 148, 150, 165, 221
and cosmetic surgery tourism 428
and data on medical tourism 29
established 11
and facilitator industry 148, 150
and growth of India’s medical tourism industry 297
and Japanese healthcare system 293
Middle Eastern medical tourism development 309
and quality of care 87
and Thai healthcare system 268, 269, 283
and ‘top medical tourism destinations’ 123
Turkish healthcare system 333–4
Jeju Healthcare developments (South Korea) 155–6, 159
JMEF (Japan Medical Education Foundation) 292
JMIP (Japan Medical Service Accreditation for International Patients) 289, 292–3
Johns Hopkins International 84
Jordan 309
‘jurisdiction to prescribe’ 353
Khazanah (investment company) 120
KHIDI (Korea Health Industry Development Institute) 31, 143, 169
Knox-Keene Act (1998) 249
Korea Human Resource Development Institute for Health and Welfare 167
Korea International Medical Association 157
‘Korean Wave’ 169
Kuwait 240, 308
labour (as production factor) 83–4
land (as production factor) 83
language
‘barriers’ 211, 291, 315–16, 320
and cultural competence 167
and European retirement migration 261, 266–7
Lao PDR (People’s Democratic Republic) 278, 279, 284–5, 286
Latin American migration 313–20
law of one price 83
Lesotho 328
Ley de Migraciones (Argentinian immigration law) 318, 319
LGBT (lesbian, gay, bisexual and transgender) communities 448
liability models 341, 346–7
Liberal Democratic Party (Japan) 289
liberalization of healthcare 341–2
Libya 106–7
‘little Americas’ 221
‘Little Kabul’ 300
LMICs (low-and middle-income countries) and biosecurity 197
and collective responsibility of originating countries 69–70
and definitions of medical tourism 22
and dental tourism 403, 408
equity impacts of medical tourism 112–21
and geography of responsibility 125–7
and internationalization of healthcare 6–7
and trade in health services 39, 41
loans 105, 106
LOHAS (Lifestyles of Health and Sustainability) 400
London Patient Choice initiative 5
long-haul patients 272–3
LOS (length of stay) data 272
Luxembourg 94
M&A (mergers and acquisitions) 296
Maastricht University Hospital (Netherlands) 158
McKinsey and Company (management consulting firm) 28–9, 381
Madrid Resolution (WHO) 418
Mahidol, Prince 281
Malaysia
cultural competence of healthcare providers 167
and equity impacts of medical tourism on LMICs 112, 114, 116, 117, 120
and global competitiveness 64
and internationalization of healthcare 9, 11
medical tourism governance strategies 154, 157–8, 159, 161
and quality of care 87
and ‘therapeutic landscapes’ 279
as ‘top medical tourism destination’ 123, 124, 128
Malaysia HealthCare 117, 157
malpractice 74, 79, 87, 254–5, 339, 350, 452
Malta 106, 161
market failure 79, 159
market structure 79
marketing of healthcare services
‘7 Ps’ of marketing 164–72
and accreditation/certification schemes 148, 150, 165
and Canadian medical tourism 452
and competitive advantage 165, 166–7
and cosmetic surgery 165, 166, 423–4
and demand-side dynamics 185–8
and facilitators 143–52
and global competitiveness 64
and health information provision 131
and networks 184, 186–8, 190–91
and niche treatment providers 134–5, 136–7, 138–9
online information 143–4, 147–8, 150, 152, 170, 176–9, 181–2
outcomes of medical tourism 165, 168
and patient safety 170, 190
and risk 166, 170
South African healthcare system 325–6, 329
South Korean case study 164–72
and supply-side provision 188–90
and thermal bath tourism 393, 394, 396, 398
and trust 386
and willingness to travel 45, 46–7
marketization of healthcare see commercialization of healthcare
‘massification’ of medical travel 6
‘maternity tourism’ 19
Mayo Clinic (USA) 40, 242
‘MediApp Korea’ (mobile application) 171
Medicaid (US social health care program) 158, 251, 252–3, 254
Medical Act (South Korea) 159
‘Medical Korea’ brand 168, 171
‘medical migrants’ 17, 106, 440
‘medical migration’ 23, 104
‘medical refugees’ 124, 218
Medical Tourism Association of South Africa 324
Medical Travel Quality Alliance 148
‘medical travel’ 16, 18, 19–20, 21–2, 23, 218
‘medical xenophobia’ 329
‘medicated tourists’ 380
Mediclinic (South Africa) 325
‘Meditels’ (healthcare hotels) 168
MEJ (Medical Excellence Japan) 291
METI (Medical Excellence Japan) 291
Mexico
and clinical interactions with medical tourists 456
and demand–side networks 187
and diasporic medical tourism 207
health reforms 247, 250, 251–2
and migrants’ use of healthcare 230–31, 232
Mexican-American access to healthcare 247–55
and motivations for medical tourism 381–2
MHLW (Ministry of Health, Labour and Welfare, Japan) 289–90, 291, 292
MIA (Management and Interventions for Asthma) study 366, 367
Middle Eastern medical tourism development 307–11
migration
and cross-border healthcare use 228–35
and culture 223–4
data on migration/immigration 228–9, 314–15, 317–18
defining 238–9
and demand-side perspectives 187
and diasporic patients 209–13
and ethical hiring protocols 241–2
European retirement migration 259–67
and globalization 37, 41, 42
and healthcare worker migration 238–42, 244
immigration policy 157, 229, 247–8, 252–4, 255, 315–16, 318–19
and inequality 240–41
Latin American patient mobility 313–20
literature focus 205
Mexican-American access to healthcare 247–55
and patient mobility 238–41, 242–4
and patient safety 223, 228, 235, 254
and risk 223, 229, 234, 317
modes of services (GATS agreement) 38–41, 329
Mongolia 12
monitoring patients 69
monopolistic competition 141–2
mortality rates 85, 180, 432, 452, 463
motivations for medical tourism
analysis of 391–2
and bariatric surgery 431–2, 433–5, 436, 439–40
and culture 217, 224
and data on medical tourism 25, 26–7, 30, 32
and definitions of medical tourism 17–18
and fertility tourism 441, 442–3, 446, 448
illegal procedures 352, 355
Latin-American medical tourism 313–14
migrants’ healthcare-seeking motives 231–3, 234
and niche treatment providers 138
and online information 182
and outcome analysis 461
and supply and demand 184, 191
Thai healthcare system 278, 285
and trust 379, 381–2, 385–6
types of 3–4
movement of health workers (GATS modes of service) 41
MRI (magnetic resonance imaging) scans 366
MSQH (Malaysian Society for Quality in Health) 87
MTFs (medical tourism facilitators) see facilitators
Mumbai Obstetric Gynaecological Society 301
‘mutuality’ 242
NAFTA (North American Free Trade Agreement) 253, 255
Al Nahayan, Sheikh Zayed Bin Sultan 307
National Committee for the Promotion of Medical and Health Tourism (Malaysia) 9
‘National Contact Points’ 372
National Health Policy (India, 2002) 297
National Health Tourism Development Strategy (Hungary) 398
national investment in research 60
National Kidney Transplant Institute (Philippines) 415
national level governance strategies 154–5, 158
national support for international patient care 60–61
‘Nationality Principle’ 354
NDM-1 (New Delhi metallo-ß-lactamase) 195, 198
negative externality 78–9
neoclassical economics 82
neoliberalism 90, 118, 159, 198, 200, 243, 347
Nepal 298–9, 301, 304
Netcare International (South Africa) 39, 325
Netherlands 158, 353–4
networks 184, 186–8, 190–91
‘New Growth Strategy’ (Japan) 288–9, 293
New Zealand 207, 209–10, 228–9, 232–3, 394
NHS (National Health Service, UK)
and bariatric surgery 431, 433–9
and burden of risk 386
and child medical tourism 360–69
and data on medical tourism 30
and European retirement migration 259, 260, 265
and fertility tourism 441
and funded travel schemes 107
and governance strategies 158
and internationalization of healthcare 8
and marketing of health services 46–7
and outcomes of medical tourism 462, 465
and privatization of healthcare systems 89
reconfiguration of 51–2
and supply-side provision 189
and willingness to travel 51–2
NHS Choices (website) 174, 180
NHSs (national health services) 71, 72, 73, 74, 75, 80
NICE (National Institute for Health and Care Excellence) 365, 433, 434, 439
niche treatment providers
and big medical institutions 133
and cosmetic surgery 134, 135–6, 137, 138–9
marketing of health services 134–5, 136–7, 138–9
and online information 136, 137, 138–9
and patient safety 134, 136
and quality of care 136–7
and source country consultations 137–8
and supply-side provision 188, 189
‘normative’ test 344–5
North–South medical tourists (South Africa) 323–6
Norway 375
Oasis Hospital (UAE) 307
‘Obamacare’ 247
OECD (Organisation for Economic Co-operation and Development) 92–103, 126, 309, 311
OHE (Office of Health Economics) 434, 435
perceived quality 51, 65, 232–3, 234, 387
'perpetrators' 356–7
PHA (Private Hospitals Association, Jordan) 309
Philippine Medical Tourism Program 157
Philippine Renal Disease Registry 416
Philippines 157, 413, 415–16
'physician voluntourism' 239
PIP implants scandal 469
place ('7 Ps' of marketing) 169–71
PlanetHospital (healthcare broker) 86
PLHIV (People Living with HIV) 328
Poland 397, 422
positioning ('7 Ps' of marketing) 168–9
PPP (purchasing power parity) 83
PPPs (public-private partnerships) 157–8, 336
‘prescriptive jurisdiction’ 353–4, 357
price ('7 Ps' of marketing) 166
price elasticity 85
price of healthcare (in economic theory) 83–5
price sensitivity 85
prioritarianism 342–3
private sector
  and commercialization of healthcare 131
  and demand-side dynamics 184
  and dental tourism 404, 405, 406
  and equity impacts of medical tourism on LMICs 116–17, 120
  and ethics of healthcare 342, 344–5
  and European retirement migration 259, 260–61, 262–5, 266
  and financing mechanisms 105
  and internationalization of healthcare 8
  and payment mechanisms 386–7
  and PPPs 157–8, 336
  and supply and demand of healthcare 72, 80, 189–90
  Thai healthcare system 269, 281–3, 284, 285–6
  and trade in health services 39–40, 41
Turkish healthcare system 332, 333–4, 336
‘pushed demand’ 72
QHA Trent 375, 376
QHA Trent 375, 376
quality indicators (facilitator industry) 148, 152
quality of care
  and accreditation/certification of healthcare providers 87, 371–6
  and aftercare 86
  and best-practice 86
  and cosmetic surgery tourism 422, 424, 428
  and costs 77–8
  defining 462
  and economic theory 77–8, 83, 85–7, 89
  and European retirement migration 265
  and facilitator industry 148, 152
  and growth of India’s medical tourism industry 297–8
  and health insurance 87
  and interactions with health care workers 454, 455, 457, 458
Japanese healthcare system 292–3
and Middle Eastern medical tourism development 311
and migrants’ use of healthcare 232–3
and niche treatment providers 136–7
and outcome analysis 461, 462–4
perceived quality 51, 65, 232–3, 234, 387
and risk 86, 462, 463
and supply and demand of healthcare 83
Thai healthcare system 274–5, 283
and trust 387
quaternary care 57–66, 308
racism 220, 223
redistribution tool, medical tourism as 76
reputation 78, 80, 132, 134, 137, 138
‘residence’ (trade definition) 94
responsibility 123–8, 341, 345–8
‘Rest of the World’ (trade definition) 94
Restatement (Third) of the Foreign Relations Law (USA) 354
retail industry data 100
retirement migration (Europe)
advise on healthcare choices 262
decision-making processes 260–62
eyear retirees 264, 265
EU legal migration framework 258–9
healthcare expectations 260–61
healthcare options 262–5
knowledge about healthcare systems 261
permanent resident healthcare 262–4
and quality of care 265
‘six-monthers’ 265
‘revolutionary’ treatments 363–4
Rio Political Declaration on the Social Determinants of Health (2011) 120–21
rise of modern medicine 4–5
risk
and bariatric surgery 436, 439
and child medical tourism 360, 361, 362, 364, 367, 368–9
and clinical interaction 457–8
and commercialization of healthcare 132
and cosmetic surgery tourism 426–8
and data on medical tourism 25, 33
and dental tourism 404, 405–6, 409
and fertility tourism 443, 444, 468
and geography of responsibility 126
and global competition 65
and government intervention 80, 160, 339
and health insurance 76
and illegal procedures 328, 350, 357, 358
and informed decision-making 74
and LMICs 116
and marketing of medical tourism 166, 170
and migration 223, 229, 234, 317
and online information 174, 176, 178, 179–82
and outcomes of medical tourism 464, 468, 469–70
and payment mechanisms 386–7
and privatization 88, 89
and quality of care 86, 462, 463
and trade in health services 39, 42
and transplant tourism 413
and trust 383, 386–7
risk see also biosecurity
Rockefeller Foundation 281
Royal College of Surgeons (UK) 462
Russia 12, 62, 393, 395
Rwanda 397
SAARC (South Asian Association for Regional Cooperation) 299, 304
scope (in healthcare accreditation) 371
SCOTS (SurgiCal Obesity Treatment Study) 439
screening 117, 128, 195, 229, 315, 366, 447
Seguro Popular (Popular Insurance) 250, 252, 253
‘servicescape’ 167
ServiQual (medical travel broker) 161
SHA (System of Health Accounts) 92–103
Sindhi Institute of Urology 413–14
Singapore
and Asian medical tourism market 164
and biosecurity 198
and equity impacts of medical tourism on LMICs 112, 114, 120
and facilitator industry 143, 151
and internationalization of healthcare 9
medical tourism governance strategies 155, 157, 159
and quality of care 87
as ‘top medical tourism destination’ 123
SingaporeMedicine (multi–agency partnership) 9, 157
Single European Act (1992) 258
Siriraj Hospital (Thailand) 281
Slovenia 400, 401
social markets 132
social media 138–9, 171, 186–7, 424, 425, 457
socio-economic factors (influencing patients’ WTT) 49–50
solution shops 58–9, 66
Somalia 187, 233
South Africa
accreditation/certification organisations 374, 375
data on medical tourism 323–4, 325, 327–8
development of medical tourism 323–9
and facilitator industry 151
and funded travel schemes 107
medical tourism governance strategies 161
and patient safety 327
and thermal bath tourism 393, 394, 397
South Korea
and Asian medical tourism market 164
and cosmetic surgery tourism 135–8, 422
data on medical tourism 31
and diasporic medical tourism 207–14
and global competitiveness 60–61, 62, 65
and internationalization of healthcare 9

Neil Lunt, Daniel Horsfall and Johanna Hanefeld - 9781783471195
Downloaded from Elgar Online at 03/18/2019 06:54:00PM
via free access
marketing case study 164–72
medical tourism governance strategies 155–6, 157, 159
and migrants’ use of healthcare 232–3
and niche treatment providers 135–8
and thermal bath tourism 397
Southern African Development Community 161
South–South medical tourists (South Africa) 323, 326–8
Spain 259–67, 422, 442, 446, 447
spas 3, 393, 394, 395, 396, 398, 400
spatial organization of health services 45, 47, 50, 51–2
Sri Lanka 299, 303, 304
SSI (surgical site infection) rates 197
stand-alone provision 188–9
stated WTT (willingness to travel) 48
stem cell tourism 8, 294, 364
strategic partnerships (facilitator industry) 150–51
stress 86, 88
sub-national level governance strategies 155–6, 158
substitute healthcare 235
sufficiency/narianism 342–3
supplementary healthcare 235
supply and demand
and aftercare 78
and commercialization of healthcare 132
and consumer retrieval 185–6
and demand driven effects 72
and economic theory 82–3, 85, 88, 89–90
and equity 115, 118–19
and internationalization of healthcare 6
and matching demand and supply 73–4
and motivations for medical tourism 184, 191
and national health services 71, 72, 73, 74
and outsourcing 72, 73–4
and quality of care 83
and supply-side adjustments 72–3
and transplant tourism 411–12, 418
and trust 387–8
supra-national regional governance strategies 156
surgery
bariatric see bariatric surgery
and big medical institutions 133–4
and child medical tourism 364–6
cosmetic see cosmetic surgery
and diasporic medical tourism 210–13
gender reassignment surgery 365–6
and health system 273–5, 276
and quality of care 85
and rise of modern medicine 4
SSI rates 197
'surveyors’ 371–2
sustainable/responsible tourism 127, 159, 161
Swaziland 107, 328
SWOT (strengths, weaknesses, opportunities and threats) analysis 336–7
and system wide effects of medical tourism 75–80, 81
Taiwan 123, 154, 157–8
Taiwan Taskforce for Medical Travel 157
TCM (traditional Chinese medicine) 87, 395, 397
TDS (Tourism Departure Survey) 323–4
technology
and accounting for trade in healthcare 95
and biotechnology 278, 280
and equity impacts of medical tourism on LMICs 113–117
and fertility tourism 441, 448
and growth of India’s medical tourism industry 297, 298, 299
and Japanese healthcare system 293–4
telemedicine 38, 42, 124, 299
Tenth Development Plan (2014–2018, Turkey) 335
tertiary care 57–66
Texas Medical Association 254
TGA (Therapeutic Goods Administration) 404, 407
Thailand
accreditation/certification schemes 268, 269
and child medical tourism 366
data on medical tourism 31, 89, 270–74, 281, 285–6
and equity impacts of medical tourism on LMICs 112, 116–17, 118–19, 120
and history of international medical travel 280–83
impact of foreign demand on health system 273–5, 276
increase in medical tourism 268–9
and internationalization of healthcare 6, 9
and Laotian medical tourism 278, 279, 284–5, 286
and marketing of health services 168–9
medical tourism case study 268–76
and ‘medical tourist’ classification 21
and patient safety 283, 284
and reach of information 461–2
and Southeast Asian medical tourism
market 164, 278–9
success factors of healthcare tourism 283–4
and ‘therapeutic landscapes’ 279–80, 283
as ‘top medical tourism destination’ 123
as tourist destination 268, 269–70, 273–4, 276, 281–2
and ‘transnational assemblage’ 279–80, 285
‘Thailand Medical Hub’ policy initiative 269, 276
‘Thailand: Centre of Excellent Health Care of Asia’ policy initiative 268, 269
‘therapeutic landscapes’ 208, 212–13, 279–80, 283
thermal bath tourism
decline in 400–401
and definitions of medical tourism 393–4, 395–6
examples of 396–8
future of 400
and hot springs 393, 394–7, 400
in Hungary 393, 394, 398–9
promotion of 393, 394, 396, 398
and ‘spas’ 393, 394, 395, 396, 398, 400
and wellness tourism 393, 394–5, 396, 401
third-party intermediaries 10
‘third-party payers’ 71, 72, 78
Thirteenth Amendment to the Irish Constitution 352
‘time-elasticities’ 48–9
top medical tourism destinations’ 123
Tourism Strategy of Turkey (2023) 335
tourism’, concept of 18–20, 22, 127, 218
tourist surveys 97, 99, 100, 101
TPS (Temporary Protected Status) 314, 317
trade in health services
accounting for see accounting for trade in healthcare
and data on medical tourism 38, 39, 40, 41–2, 242
and equity impacts of medical tourism on
LMICs 112–16, 119–21
and FDI 40–41, 92
and financial value of medical tourism 39–40
GATS agreement 37–41
and globalization 37–42, 92
monitoring 69
and risk 39, 42
and telemedicine 38
transaction costs 83, 185, 186
‘transnational assemblage’ 279–80, 285
‘transnational health care’ 18
transplant tourism
and circumcision tourism 350
consequences of 416–17
data on 412, 413–15, 416–17
example countries 413–16, 417–18
global picture of 411–13
and government regulation 414–16, 417–19
and illegal procedures 87–8, 97
and increased patient mobility 411
and internationalization of healthcare 7, 8
modes of 413
and rise of modern medicine 5
supply and demand 411–12, 418
Transplantation of Human Organs and Tissues
Ordinance (Pakistan, 2007) 414
transport connectivity 302
Transrep Study (UK) 444–8
travel agencies 86, 87, 105, 145, 147, 224
see also brokers; facilitators
travel/transport costs 20, 52, 76, 84, 88, 97, 308, 422
treatment-focused networks 187
trust
and commercialization of healthcare 132
and continuity of care 384–5
and cross-border healthcare 388
and facilitator industry 147–51
and globalization 388
importance/salience of 379, 382–4
and motivations for medical tourism 385–6
as neglected concept 382, 389
and outcomes of medical tourism 383, 388
and patient safety 382
and payment mechanisms 386–7
research agenda 379, 384–8, 389
supply side 387–8
and uncertainty 382–3, 384, 388, 389
‘trustee’ 383
‘trustor’ 383
Tunisia 106–7, 113, 120, 422–3, 427–8
Turkey
and circumcision tourism 353
data on medical tourism 332–4
development of medical tourism 332–7
and facilitator industry 143
government regulation of healthcare system
332, 334–6
and migrants’ use of healthcare 230, 232, 235
SWOT analysis 336–7
two-tiered health systems 90, 115–16, 166, 268, 363, 387

UAE (United Arab Emirates) 170, 271, 307, 308, 310
Uganda 397
UK (United Kingdom)
accreditation/certification organisations 374, 375
and bariatric surgery 431, 433–9
and child medical tourism 360–69
and cosmetic surgery tourism 421, 422–3, 427
data on medical tourism 30, 89
and demand-side networks 187
and European retirement migration 259–67
and fertility tourism 444, 444–8
and global competitiveness 65
and internationalization of healthcare 8, 10
medical tourism governance strategies 158, 161
and Middle Eastern medical tourism development 307, 308
and outcomes of medical tourism 464–6
and prostition laws 356
and South African healthcare system 324–6, 329
and trade in health services 40
and Western medical model 221
and willingness to travel 45, 46–54
UKAS (United Kingdom Accreditation Service) 374
uncertainty 382–3, 384, 388, 389
‘Uncertainty and the welfare economics of medical care’ (article) 64
‘under-socialised’ relations 190
USA (United States of America)
accreditation/certification organisations 374–6
and child medical tourism 361, 363, 365–6
and clinical interactions with medical tourists 456
and cultural expectations 224–5
data on medical tourism 26–7, 28, 31
drivers of increase in medical tourism 141
and equity impacts of medical tourism on LMICs 112, 114, 118
and global competitiveness 57–8, 59–62, 64, 65
health reforms 247–8, 249, 250–51, 252–4, 255
immigration policy 247–8, 252–4, 255, 315–16
and Latin American patient mobility
medical tourism governance strategies 158
Mexican-American access to healthcare 247–55
and Middle Eastern medical tourism development 307, 308–9, 310
and migrants’ use of healthcare 230–31, 232
migration statistics 228, 314–15
and motivations for medical tourism 381–2
online healthcare search data 143–4, 174–5
and outcomes of medical tourism 464, 465
and South African healthcare system 324, 326, 329
and tertiary care 57
and Thailand’s healthcare tourism genealogy 281
as ‘top medical tourism destination’ 123, 124
and Western medical model 221–2
and willingness to travel 53
USCIPP (U.S. Cooperative for International Patient Programs) 59
utilitarianism 342–3
‘vacationing patients’ 21, 380
value-adding processes 58, 59, 66
‘vertical equity’ 114
‘victims’ 356–7
visas 301–2, 304–5
vulnerability 383
waiting lists 5, 50–51, 386, 404, 405
‘watchdog’ websites 179–81, 182
well-being/wellness 97, 393, 394–5, 396, 401
West Germany 221, 351, 358
Western medical model 221
Which? (website) 174, 180
‘whiteness’ 20
WHO (World Health Organization)
and biosecurity 197
codes of practice 243
and Collaborating Centre for Patient Safety Solutions 11
and ethical hiring protocols 241
and ‘good health’ 82
and ‘top medical tourism destinations’ 123
and transplant tourism 418
wisdom teeth removal 405, 408
within-region patients 272–3
World Federation of Public Health Associations 121
World Health Assembly 413
World Health Day (2011) 198
‘world-class’ facilities 124, 134, 224
‘worsening’ test 343, 344–5
WTO (World Trade Organization) 37–8, 41, 242
WTP (willingness to pay) 47, 48, 85, 317
WTT (willingness to travel)
and economic theory 85
evidence 47–53
and general equilibrium effects 75–6
geographical dimensions of UK health policy 47
and marketing of health services 45, 46–7, 169
outcomes of medical tourism 50, 52
and patient choice 45, 46, 48, 50, 51–2
and spatial organization of health services 45, 47, 50, 51–2
UK policy context 46–7
Yemen 19, 85, 118, 224, 309
Zimbabwe 327