AN APPLICATION OF THE GLOBAL SUSTAINABLE TOURISM CRITERIA IN HEALTH TOURISM

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Abstract.—Tourism is an important element of the global economy. Yet for the tourism industry to grow and prosper, there is a need to protect local environmental and social well-being. Sustainable tourism seeks a compromise between growth and protection. Today, health tourism is a multi-billion dollar industry tied to individuals' travel overseas for inexpensive and timely medical treatment that may or may not be available at home. This paper explores the health tourism phenomenon and examines the relative importance of sustainable tourism management practices to health tourists.

1.0 INTRODUCTION

For centuries, travel to foreign lands to soak in mineral waters has been popular. Today tourists may be seeking not only a bath, but also cosmetic surgery or a knee replacement. These travelers, called medical or health tourists, are joining one of the largest niches in the tourism industry. By one estimate, 750,000 Americans traveled abroad for medical care in 2007 and this number has the potential to increase to 6 million per year by 2010 (Deloitte Center for Health Solutions 2008). Every year, more and more countries promote health tourism. Given this tremendous growth, how might local people, officials, tourism promoters, and tourism managers maximize the social, economic, and environmental benefits of health-related tourism and minimize the negative impacts within the local host community? Is health tourism sustainable?

Mathieson and Wall (1982), Mieczkowski (1995), and Hall and Page (2006), among others, have noted that tourism in general has a variety of impacts—both positive and negative—on local communities so there is a need to promote sustainable practices specifically in the health tourism industry. Management practices that enhance the community by maximizing benefits and minimizing threats yet permit growth to meet future demands can be called *sustainable*.

Health tourism has at least two concerns when viewed in terms of sustainability (Bristow 2009). First is the concern that access to medical care in health tourism communities will be limited to wealthy foreigners who can afford to pay more than the local prevailing wages. While "outsourcing" is an accepted component in the global economy when, for example, someone from the United States is talking with a computer technician in Mumbai, the ethical implications are more complicated when it is, for example, a medical doctor's attention that is being outsourced (see Fig. 1). Further, since health tourism clinics are often private facilities, nearby public services may be strained beyond operational capacity to meet the needs of the indigenous population. Poorer local citizens are particularly threatened since private clinics are financially out of reach (George 2009).

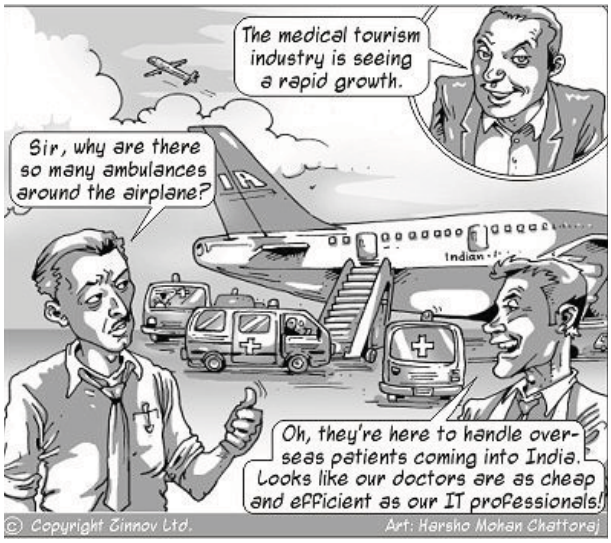

Figure 1.—Political cartoon noting the outsourcing of medical doctors (Source: Zinnov, 2006).

Second, in a world where clean drinking water is still a luxury for millions, the proper disposal of medical waste is a major concern. Medical waste is one of the more hazardous types of waste and the improper disposal of syringes, blood, and other biohazards threatens local water supplies and the public health of nearby residents.

The main purpose of this research is to ascertain the relative importance of criteria for sustainable tourism to the health visitor. Given that hospitals are not traditionally in the tourism business (George 2009) but are now seeking to provide this service to their foreign patients, research into sustainable health tourism practices is timely. Costa Rica is selected as the case study since the country has a history of extensive ecotourism founded on a wealth of natural resources and protected park areas. Further, the country has a reputation for excellent healthcare facilities and two hospitals have recently achieved international accreditation.

2.0 BACKGROUND

Historically, wealthy individuals have traveled far to seek the therapeutic benefits of mineral waters, clean mountain air, and peaceful surroundings (Mitman 2003). While these practices continue today, patients are now seeking low-cost, prompt medical care that may or may not be available at home (Smith 2006, Turner 2007). For many uninsured or underinsured Americans, low-cost surgery overseas is a reasonable expense, even after adding travel and lodging costs. Beyond the cost savings and the advantage of not having to wait months or years for help, individuals have also crossed borders to seek medicines unapproved by the U.S. Food and Drug Administration (Urology Times 2008) and procedures such as sex-change operations (Connell 2006) that are not available at home due to laws or local customs.

Stepping up to meet this demand, numerous countries have expanded resources to attract health tourists. Hospitals and clinics are springing up next to international borders or in capital cities. Private hospitals can cater to international clients in addition to local wealthy citizens.

Hundreds of new health tourism brokerage firms link patients with clinics. These firms plan pre- and post-operative vacations in package deals; post-operative vacations are especially in demand by cosmetic surgery patients who wish to wait for the bandages to be removed and significant healing to occur before returning home to unsuspecting family and friends. To cater to this market, organizations like the Medical Tourism Association have piloted a program to certify medical tourism providers in a step toward formalizing and legitimizing the industry (Medical Tourism Association 2009).

Like the brokers, hospitals can seek accreditation. Costa Rica has two facilities that have gained international certification in the last two years: Hospital Cima (www.hospitalcima.com) and Hospital Clinica Biblica (www.clinicabiblica.com), both in San Jose. The Joint Commission International and the United Kingdom's Trent Accreditation Scheme are two of the organizations that conduct worldwide medical accreditation.

While accreditation may assure visitors of a high quality hospital visit, there are also potential problems. Smith and Puczko (2009) have noted that local tourism employees may not be trained to meet the specialized needs of health tourism patients. They also note that the health tourism industry may draw local workers away from the rest of the tourism businesses.

To evaluate the overall management of health tourism, sustainable tourism practices need to be assessed. From the numerous models for sustainable tourism, we selected for this study a model by the Partnership for Global Sustainable Tourism Criteria (GSTC). This partnership was formed by the Rainforest Alliance, the United Nations Environment Programme , the United Nations Foundation, and the United Nations World Tourism Organization in 2008. The partnership designed these criteria to be the minimum practices to insure sustainability for the tourism business and to protect local natural and cultural resources. Further, the criteria should seek to alleviate poverty (Global Sustainable Tourism Criteria 2008).

3.0 METHODS

To assess the importance of sustainable practices in health tourism, a survey was deployed to explore the role of health tourism in Costa Rica, a country better known as a premier ecotourist destination. The survey collected information about health tourists' socio-economic characteristics, where they traveled, what health-care procedures they sought, and how they assessed the sustainability of health tourism practices as proposed by The Partnership for Global Sustainable Tourism Criteria (2008). Specifically, respondents ranked the importance of criteria used to maximize social and economic benefits to the local community and minimize negative impacts.

With the intention of reaching a broad audience, a request to participate in the study was published on 5 December 2008 in the *Tico Times*, a weekly English-language newspaper published in Costa Rica. In addition, notices were posted on email distribution lists, related medical tourism blogs, and other electronic communications. The survey was open to all who were interested in the idea of health tourism, whether or not they had traveled abroad for medical treatment. Ninety-two individuals completed the survey. Some of the basic survey data are highlighted in this report. Additional information is available on our research website (http://www.wsc.ma.edu/medicaltourism).

4.0 RESULTS

Of the 92 respondents, 37 (40.2 percent) had traveled abroad for a medical procedure, 31 (33.6 percent) were thinking about doing so, and 24 (26.1 percent) had not traveled abroad and were not considering doing so. For those in the last category, only basic travel data and socio-economic information were collected; these data are presented in section 4.5 below. For the 68 who had traveled as health tourists or were considering doing so, the questionnaire next asked about issues related to the medical travel.

4.1 Health Tourism Countries

For health tourists, the decisionmaking process is complicated. Smith and Forgione (2008) suggest that most health tourists select a country first and then a hospital. Our research followed that model, asking first about which country or countries the respondents had considered and then which hospital(s) or clinic(s). Respondents had considered an average of 1.5 countries with a range of one to eight countries. This low average might reflect confidence in or familiarity with the chosen destination so that other options were not considered. Thirty-four respondents (50 percent) had considered traveling to Costa Rica, followed by Mexico (25 percent, 17 respondents), India (18 percent, 12 respondents), Thailand (10 percent, 7 respondents), Panama (7 percent, 5 respondents), and Singapore (6 percent, 4 respondents). Turkey, Cuba, Argentina, Belgium, Brazil, Canada, Colombia, Guatemala, Malaysia, Hong Kong, Germany, Ukraine, and Venezuela had each been considered by three or fewer people.

Of those who had actually selected a country or countries to visit, 25 chose Costa Rica, 11 chose Mexico, and 6 chose India. One or two people had selected Canada, Turkey, Colombia, Cyprus, Guatemala, Hong Kong, Malaysia, or Singapore. Note that the survey was heavily marketed in Latin America and the numbers here reflect that.

4.2 Procedures Sought

Thirty-eight percent of the travelers (n=29) had sought or were considering seeking dental care. Mexico in particular has a history of and reputation for offering high-quality dental care with 40- to 80-percent cost savings compared to the United States (Judkins 2007). Cosmetic surgery abroad was considered or sought by 20 percent of the sample (n=15). The top destination for cosmetic surgery was Costa Rica, which has a reputation for high-quality cosmetic surgery (Castonguay and Brown (1993). Other listed treatments were eye care, orthopedic procedures, laparoscopic surgeries, and bariatric surgery. Several survey respondents had had multiple procedures abroad.

4.3 Factors Influencing Travel

Twenty-four survey respondents (34 percent) said that the media had influenced their decision to travel abroad (or consider traveling abroad) for medical care. The use of the Internet to "shop" for information about health tourism has taken much of the mystery out of foreign travel (Harvard Health Letter 2008). Recommendations

Table 1.—Importance of different factors health tourists

How important are these considerations in your decision? (5 point scale, 1 = not very important, 5 = very important)	Mean	Std. Deviation
Cost	4.56	0.76
Reputation of Medical Doctor	4.47	0.74
Reputation of Medical Facility	4.33	0.72
Post operation opportunities (recuperation)	3.83	1.03
Hospital is accredited	3.73	1.20
Climate (weather) of country	3.26	1.13
Facility is affiliated with American Hospital	3.10	1.40
Returning to home country	2.88	1.34
Procedure not available at home	2.34	1.20

from friends were the second most influential factor in considering health tourism. Travelers most often handled their own travel arrangements.

When asked about the importance of several factors in the decision to travel abroad for a medical procedure, cost ranked highest with an average score of 4.56 out of a possible 5.0 on a Likert scale ranging from not very important (1) to very important (5) (Table 1). The reputation of the medical doctor and the facility were also important to respondents and received scores of 4.47 and 4.33, respectively. Post-operation opportunities, hospital accreditation, local climate, and American hospital affiliation were less important and the scores for these factors varied among respondents. The least important factors on the list were "Returning to home country" and "Procedure not available at home."

4.4 Evaluation of Sustainable Tourism Practices

To determine the importance of the sustainable tourism criteria, the respondents were asked to evaluate nine different criteria on a five-point Likert scale ranging from not very important (1) to very important (5). The nine criteria (see Table 2) were taken directly from The Partnership for Global Sustainable Tourism Criteria list (available online at www.sustainabletourismcriteria.org), specifically from section B, "Maximize social and economic benefits to the local community and minimize negative impacts."

Of the nine listed criteria, the one that received the highest average score (3.72 out of 5.0) was "The international or national legal protection of employees is respected, and employees are paid a living wage." This criterion was followed closely by: "The company has implemented a policy against commercial exploitation, particularly of children and adolescents, including sexual exploitation" (score of 3.67); "The company is equitable in hiring women and local minorities, including in management positions, while restraining child labor" (score of 3.64); and "The activities of the company do not jeopardize the provision of basic services, such as water, energy, or sanitation, to neighboring communities" (score of 3.63).

For respondents, the least important criterion in the list (although it still received an average score above "indifferent") was "The company offers the means for local small entrepreneurs to develop and sell sustainable products that are based on the area's nature, history, and culture."

4.5 Travel Behavior and Socio-Demographics

Our sample tended to be world travelers, with 48 stating that they had visited Central America or the Caribbean for a vacation in the past 5 years. In addition, in the past 5 years, 28 respondents had traveled to Europe, 11 had been to destinations in North America, 10 had gone to Asia, Africa, or the Pacific area, and 4 had traveled to

Table 2.—Assessment of the global sustainable tourism criteria

How important are these considerations in your decision? (5 point scale, 1 = not very important, 5 = very important)	Mean	Std. Deviation
The international or national legal protection of employees is respected, and employees are paid a living wage.	3.72	1.14
The company has implemented a policy against commercial exploitation, particularly of children and adolescents, including sexual exploitation.	3.67	1.17
The activities of the company do not jeopardize the provision of basic services, such as water, energy, or sanitation, to neighboring communities.	3.64	1.14
The company is equitable in hiring women and local minorities, including in management positions, while restraining child labor.	3.63	1.13
The company actively supports initiatives for social and infrastructure community development including, among others, education, health, and sanitation.	3.42	1.28
Local residents are employed, including in management positions. Training is offered as necessary.	3.30	1.21
Local and fair-trade services and goods are purchased by the business, where available.	3.14	1.21
A code of conduct for activities in indigenous and local communities has been developed, with the consent of and in collaboration with the community.	3.14	1.18
The company offers the means for local small entrepreneurs to develop and sell sustainable products that are based on the area's nature, history, and culture.	3.02	1.33

South America. The respondents had traveled less often for business although 12 had taken business trips to Central America or the Caribbean, 9 had been to Asia or Africa, 5 had gone to Europe, 4 had traveled in North America, and 2 had been to South America. Despite economic concerns, 41 percent of respondents said that they were "very likely" or "somewhat likely" to vacation abroad in the next 12 months.

Almost half of the survey respondents did not answer the demographic questions but, of those who did, more than half were male and the vast majority were more than 40 years old. The most frequently reported annual household income category was $25,000 to $49,999. More than 50 percent of the group had completed at least some college. Of the 52 respondents who provided their employment status, 25 were working full time, 9 were working part time, and 16 were retired. Of the 51 who answered the question about marital status, 36 were married. Approximately half answered the question about the country of their birth. The vast majority were born in the United States.; other listed countries of birth included India (2 people), Germany (1 person), New Zealand (1), Poland (1), and Taiwan (1).

5.0 DISCUSSION

The survey data suggest that health tourists are cost-sensitive and care about the needs of local workers at health tourism destinations. Given this interest in supporting sustainable tourism, it is not too late to build sustainable practices into health tourism strategies. While the quality of patient care is important for health tourists, the local population should not receive substandard care at the same facilities. Human rights organizations often list "health" as one of the most important human rights. Dr. Margaret Chan, director general of the World Health Organization, asserts: "Our greatest concern must always rest with disadvantaged and vulnerable groups. These groups are often hidden, living in remote rural areas or shantytowns and having little political voice" (World Health Organization 2007, p. 1).

While the GSTC criteria about employing local residents were only moderately important to survey respondents, it is a real threat to local communities when a workforce is imported to work in the tourism industry. Imported workers compete with local employees and diminish tourism's social and economic benefits in local communities (Smith and Puczko 2008).

Countries also need to be careful about expanding health tourism too quickly. For example, according to *The Travel and Tourism Competitiveness Report 2009 (*Blanke and Chiesa 2009), Costa Rica has improved its overall ranking from 44th (out of 130 countries) in 2008 to 42nd (out of 133 countries) in 2009. But the report also notes there is room for improvement in the quality and availability of healthcare in Costa Rica; the country receives a 4.7 score out of a possible 7.0 for "health and hygiene." In addition, Costa Rica is described as having a competitive advantage in the availability of hotel rooms and car rentals but a competitive disadvantage in the density of physicians (1.3 physicians per 1,000 residents) and of hospital beds (13 beds per 10,000 residents) (The Travel and Tourism Competitiveness Report 2009, p. 171). By comparison, the United States has 2.6 physicians per 1,000 residents and 32 hospital beds per 10,000 residents. Costa Rica may be well situated to expand general tourism but also needs to focus on the healthcare of its own citizens.

The Global Sustainable Tourism Criteria are a work in progress and industry organizations are reviewing the criteria. Changes and refinements can be expected as the criteria are applied around the world. Now is a good time for the health tourism industry to become a sustainable industry. George (2009) notes that this prospect is a challenge since hospitals are not necessarily attuned to—or accustomed to addressing—the needs of tourists. International hospital accreditation should have sustainability practices written into its standards. Then health tourism can be both profitable and sustainable.

6.0 CITATIONS

Blanke, J.; Chiesa, T., eds. 2009. **The travel and tourism competiveness report 2009.** Geneva, Switzerland: World Economic Forum. Online at http://www.weforum.org/en/initiatives/gcp/TravelandTourismReport/index.htm.

Bristow, R. 2009. **Eco-medical tourism: can it be sustainable?** In: Klenosky, D.B.; Fisher, C.L., eds. Proceedings of the 2008 Northeastern Recreation Research Symposium; 2008 March 30 - April 1; Bolton Landing, NY. Gen. Tech. Rep. NRS-P-42. Newtown Square, PA: U.S. Department of Agriculture, Forest Service, Northern Research Station: 158-164.

Connell, J. 2006. **Medical tourism: sea, sun, sand and … surgery.** Tourism Management. 27(6): 1093-1100.

Castonguay, G.; Brown, A. 1993. **Plastic surgery tourism proving a boon for Costa Rica's surgeons.** Canadian Medical Association Journal. 148(1): 74-76.

Deloitte Center for Health Solutions. 2008. **Medical tourism: consumers in search of value.** Washington DC. Retrieved 6 November 2008 from http://www.deloitte.com/dtt/cda/doc/content/us_chs_MedicalTourismStudy%283%29.pdf.

George, B. 2009. **Medical tourism in India: A case study of Apollo Hospitals.** In: Smith, M.; Puczko, L. eds. Health and Wellness Tourism. Burlington, MA: Elsevier Science and Technology Books: 367-372.

Global Sustainable Tourism Criteria. 2008. **Global sustainable tourism criteria.** Retrieved 1 December 2008 from http://www.sustainabletourismcriteria.org.

Hall, C.; Page, S. 2006. **The Geography of tourism and recreation: environment, place and space.** London: Routledge.

Harvard Health Letter. 2008. **Virtual hitchhiker's guide to the medical universe.** Harvard Health Letter. 33(12).

Judkins, G. 2007. **Persistence of the US - Mexico border: expansion of medical-tourism amid trade liberalization.** Journal of Latin American Geography. 6(2): 11-32.

Mathieson, A.; Wall, G. 1982. **Tourism: economic, physical and social impacts.** New York: Longman.

Mieczkowski, Z. 1995. **Environmental issues of tourism and recreation.** Lanham, MD: University Press of America, Inc.

Mitman, G. 2003. **Hay Fever Holiday: Health, Leisure, and Place in Gilded-Age America.** Bulletin of Historic Medicine. 77: 600-635.

Medical Tourism Association. 2009. **Medical Tourism Facilitator Certification.** Retrieved 1 May 2009 from http://www.medicaltourismassociation.com/certification.html.

Partnership for Global Sustainable Tourism Criteria. 2008. **Global Sustainable Tourism Criteria.** Retrieved 1 November 2008 from http://www.sustainabletourismcriteria.org.

Smith, P.; Forgione, D. 2008. **Global outsourcing of healthcare: A medical tourism decision model.** UTSA College of Business Working Paper Series. Available http://business.utsa.edu/wps/acc/0033ACC-205-2008.pdf. Retrieved 22 Mar 09.

Smith, G. 2006. **The globalization of health care: can medical tourism reduce health care costs?** Testimony before the U.S. Senate Special Committee on Aging, June 27. Available http://aging.senate.gov/hearing_detail.cfm?id=270728&. Retrieved 15 Feb 2008.

Smith, M.; Puczko, L. 2009. **Health and wellness tourism.** Burlington, MA: Elsevier Science and Technology Books.

Turner, L. 2007. **Medical tourism. Family medicine and international health-related travel.** Canadian Family Physician. 53(10): 1639-1641.

Urology Times. 2008. **Medical tourists receive HIFU treatment abroad.** Urology Times. 36(9): 12.

World Health Organization. 2007. **Working for Health: An introduction to the World Health Organization.** Geneva, Switzerland: WHO Press.

Zinnov. 2006. **Political Cartoon, Blogging at Zinnov.** Available http://zinnov.com/blog/?p=95. Retrieved 3 Feb 09.

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