Editorial

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Biographical notes: Mark S. Teachout has more than 25 years of experience in research, Fortune 200, academic and consulting roles. He earned his BA in Psychology from The State University of New York at Albany, and MS and PhD in Industrial/Organisational Psychology from Old Dominion University. His current research interests include the role of cognitive ability and personality tests in employee selection, training and development, organisational change and organisational culture.

David G. Vequist IV is an Associate Professor of Management and the Founder and Director of the Center for Medical Tourism Research (CMTR – http://www.medicaltourismresearch.org) – the first academic centre devoted to research of the medical tourism industry. Prior to his academic career, he was a Human Resources Executive at Methodist Healthcare System and a Management Consultant for Ernst and Young, LLP. He received his PhD and MS from the University of Tulsa and BS from Northern Arizona University.

1 Introduction

While people have been travelling for millennia for medical treatment, research in what has been termed medical tourism, is relatively new. Over 2,000 years ago, affluent citizens of Rome would often travel to the areas now known as Switzerland and Turkey to take advantage of therapeutic mud baths and hot-springs found in those areas. Today, medical tourism is a rapidly-growing industry, whereby individuals travel across international borders to obtain healthcare (Forgione and Smith, 2007). More specifically, people who live in one country travel to another country to receive medical, dental and surgical care. Reasons for travelling to receive care may include affordability, better

access to care, or a higher level quality of care. These services often include elective procedures, but may also include complex specialised surgeries such as joint replacement; cardiac, dental and cosmetic surgeries; and psychiatric services, alternative treatments, convalescent care and burial services. Factors that have led to the increasing popularity of medical tourism include the high cost of healthcare, long waiting times for certain procedures, the ease and affordability of international travel, and improvements in both technology and standards of care in many countries. Given that over 50 countries have identified medical tourism as a national industry, it is an area that is in need of systematic, scholarly research.

2   Research framework

In preparation for the first annual Medical Tourism Research Conference in January of 2010, the Center for Medical Tourism Research (CMTR) built upon the work of Gray and Poland (2008) to develop a general framework to begin identifying broad areas in need of research. Five main headings were used for the conference program, and subtopics are added here. This framework may serve as a guide to researchers as the field evolves.

1   genesis and drivers of medical tourism

- economic, regional, political, social, cultural and cross-cultural issues
- medical tourism insurance/re-insurance and reimbursement models

2   legal and ethical issues in medical tourism and the globalisation of healthcare

- technological and privacy issues (e.g., confidentiality and security)
- economic and social impact on countries, industries, and jobs
- adequacy of quality of care at medical tourism facilities
- care and responsibility (e.g., international malpractice and risk management)

3   assessments or evaluations of medical tourism practices (including accreditation)

- independent provider credentialing and qualification
- best practices from US hospitals offering international health options
- continuing educational programs to build the next generation of providers

4   operational issues in delivering globalised healthcare

- emerging delivery models: healthcare hotels and spas
- new job roles and titles (e.g., international medical director or care coordinator)
- continuum of care issues when patients return to their home country
- interoperability of information systems and EHR/EMR issues around the world
- building continuity of care models pretreatment, treatment and post treatment
- international telehealth and telemedicine models

5   marketing and consumer behaviour in medical tourism

- country/location branding in medical tourism
- consumer choice and medical tourism
- stakeholder perceptions and attitudes toward medical tourism.

This special edition on medical tourism contains six papers that represent some of the areas identified above, and come from several academic disciplines, including psychology, marketing, economics and anthropology. The first paper offers a systematic view of medical tourism, using a theory of motivation to integrate the concepts of customer satisfaction and medical tourism. This paper discusses managerial implications as well as theoretical issues of satisfaction in medical tourism.

The second, third and fourth papers take a marketing approach. The second paper presents a content analysis of business-to-consumer advertisements that appeared in Medical Tourism Magazine between 2007 and 2009. This paper uses dimensions of an existing framework in the marketing literature to determine brand positioning strategies used in the advertisements. This study establishes a foundation for future research on brand personality in the medical tourism industry. The third paper proposes an organising framework for marketing research and practice in the hospitality industry. This paper is useful for researchers who plan to examine hospitality as a component of medical tourism, or for cities and regions engaged in attempts to develop a medical tourism component to their region's travel appeal. The fourth paper identifies the characteristics shared by four key healthcare facilities, one each from Thailand, India, Singapore, and Philippines. The author then presents a corporate brand identity model and suggests a series of value-propositions for medical tourism facilities. These propositions will assist the healthcare facilities in gaining a better understanding of their strengths and to build a strong brand identity.

The fifth paper is from an economic perspective. The author examines the effects of relative costs of twelve selected medical procedures on the number of US medical tourists to India, Singapore and Thailand during 2008. This paper has policy implications for these countries, e.g., the need to invest in medical equipment and technologies, infrastructure, and marketing strategies.

The sixth and final paper of this special edition takes a qualitative approach, using ethnographic methods to study complexities in the medical travel marketing media, government policies and field observations with agents at international hospitals. Using a theoretical framework involving forms of governing, forms of expertise and 'technological zones', the author outlines how the US-based Joint Commission International accreditations enable the self-regulation of patients and healthcare workers engaged in medical travel to India.

In summary, this special edition provides a good starting point for those interested in the research and practice of this quickly growing field. We are grateful to Al Borrego, Dan Cormany, Shawn Daly, Dan Dominguez, Michael Guiry, Kevin LaFrance, Alan Preston and Al Rubio, who assisted as paper reviewers for this special edition, and especially to *IJBHR* editor, Demetri Kanterelis, for his support and guidance throughout this process.

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