

พัฒนาการด้านการท่องเที่ยวเชิงการแพทย์ของประเทศไทย*

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บทคัดย่อ

การท่องเที่ยวเชิงการแพทย์เป็นธุรกิจที่เติบโตอย่างรวดเร็ว และสร้างรายได้จำนวนมากต่อเศรษฐกิจของประเทศไทย และเป็นอีกหนึ่งทางเลือก เพื่อให้เกิดการพึ่งพาการท่องเที่ยวรูปแบบเดิมมากเกินไป บทความนี้มีวัตถุประสงค์เพื่อสร้างความเข้าใจยิ่งขึ้นเกี่ยวกับพัฒนาการด้านการท่องเที่ยวเชิงการแพทย์ของประเทศไทย ซึ่งขับเคลื่อนโดยภาครัฐและเอกชน ผลการศึกษาพบว่าพัฒนาการด้านการท่องเที่ยวเชิงการแพทย์ของประเทศไทยสามารถแบ่งออกเป็น 3 ช่วงเวลาสำคัญคือ ในช่วงเวลาแรก ช่วงก่อนปี 1997 ช่วงนี้การท่องเที่ยวเชิงการแพทย์ยังคงเป็นกลุ่มตลาดขนาดเล็ก ที่มีความต้องการทางด้านศัลยกรรมเฉพาะทาง และในช่วงเวลาดังกล่าวภาครัฐยังไม่ได้มีบทบาทชัดเจนในการส่งเสริมการท่องเที่ยวเชิงการแพทย์ ช่วงเวลาที่สอง ช่วงระหว่างปี 1997 – 2010 สืบเนื่องจากวิกฤติเศรษฐกิจในภูมิภาคเอเชีย ส่งผลให้สถานพยาบาล และโรงพยาบาลเอกชนจำเป็นต้องหารายได้จากนักท่องเที่ยวเชิงการแพทย์ เพื่อมาทดแทนรายได้ที่ลดลงของตลาดภายในประเทศ ภาครัฐเองได้เริ่มเข้ามามีบทบาทในการกำหนดนโยบายส่งเสริมให้ประเทศไทยเป็นศูนย์กลางด้านการท่องเที่ยวเชิงการแพทย์ของเอเชีย แต่จากการส่งเสริมการท่องเที่ยวเชิงการแพทย์ก่อให้เกิดการวิพากษ์วิจารณ์ถึงผลกระทบที่เกิดขึ้นต่อความไม่เท่าเทียมในการเข้าถึงบริการทางการแพทย์ และช่วงเวลาปัจจุบัน ช่วงระหว่างปี 2010 – ปัจจุบัน ภาครัฐ เอกชน และการท่องเที่ยวแห่งประเทศไทยต่างแสดงบทบาทเชิงรุกในการส่งเสริมการท่องเที่ยวเชิงการแพทย์ของประเทศไทยอย่างต่อเนื่อง อย่างไรก็ตามประเด็นปัญหาเกี่ยวกับการขาดแคลนบุคลากรทางการแพทย์ และความไม่เท่าเทียมในการเข้าถึงบริการทางการแพทย์ ยังมิได้รับการแก้ไขอย่างเป็นรูปธรรมจากหน่วยงานที่เกี่ยวข้อง

คำสำคัญ : พัฒนาการ การท่องเที่ยวเชิงการแพทย์ นักท่องเที่ยวเชิงการแพทย์

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The Development of Medical Tourism in Thailand

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Abstract

The Medical tourism industry is a rising star of Thailand's economy and offers a unique alternative to the issues associated with an excessive reliance on traditional forms of tourism. This article aims to improve the understanding of this tourism market, by clarifying the development of medical tourism in Thailand driven by both public and private sectors. The results of the study reveal three key periods of medical tourism development in Thailand. In the initial period prior to 1997, the medical tourism market relied on a small number of medical tourists seeking specialized surgical procedures. There was no specific government policy encouraging or discouraging medical tourism industries in this period. In the second period between 1997 and 2010 saw the beginning of government policies to encourage medical providers to promote their medical services to medical tourists, in order to compensate for the loss of domestic medical demand caused by the Asian financial crisis. These policies were designed to develop Thailand as an important medical hub in Asia, but they also resulted in the medical tourism industry receiving criticism for negative effects that impacted on health equality in Thailand's medical services industry. The current period, the period from 2010 onwards has resulted in the Thai government, the Tourism Authority of Thailand and the medical service providers co-operating to support and promote medical tourism in Thailand. Nonetheless, issues such as human resource shortages and the inequality in Thailand's health care system have not been resolved by involving government agencies.

Keywords : Development, Medical tourism, Medical tourist

Introduction

Medical tourism is travel undertaken for the purposes of undergoing medical interventions, typically surgical treatments such as cardiac surgery, weight loss surgery, or cosmetic surgery (Connell, 2011). The principal reasons for undertaking medical tourism include long waiting times, costs and the non-availability of specific treatments in an individual's home country (Runnels and Carrera, 2012). However, the tourism aspect of the medical tourism activity is also important; for example, individuals may prefer a strange sense of place and experience of a distinct culture (Bell, Holliday, Jones, Probyn & Taylor, 2011). It is also believed that individuals engage in repeat treatments at a particular facility because of quality, satisfaction and trust formation (Han & Hyun, 2015), while a social and institutional context can also influence the choice of destination (Sterle, Johnson & Delgado, 2013).

Medical tourism has its roots in the spa hotels of the 1800s, which were explicitly designed for health and well-being, but until recently these facilities were not widely available (Connell, 2006). Connell (2011) explained that contemporary medical tourism prior to the 1990s was a niche activity, mainly undertaken by individuals with complex medical needs, or those requiring more experimental treatments such as individuals seeking gender confirmation surgery. Medical tourism became increasingly more popular in the 1990s. This was due to numerous factors, including the rising health care and insurance costs, a growing demand for cosmetic surgery, the availability of information and internet access, reduced transport costs and an aging population with both the money and time to travel to undertake medical care (Connell, 2011). By the late 2000s, organized medical tourism industries had emerged in many developing countries, who encouraged the practice as a means of capturing higher-value tourism flows (Zarocostas, 2009). Many of these countries were in Asia, and implemented medical tourism as a means of enhancing existing tourism industries (Connell, 2006).

There are both ethical and practical problems with medical tourism as it is practiced today. As one author notes, dedicating medical resources including facilities and personnel to medical tourism can create shortages in medical care for residents of a country (Ramrez de Arellano, 2007). This is particularly problematic for countries that do not have robust medical training systems in place, as it can create an internal 'brain-drain' (Ramrez de Arellano, 2007). Medical tourism has also been associated with negative practices such as paid organ donation, which take advantage of the host country's relatively impoverished state, negatively affecting the health of the donor and the long-term human capital stocks of the host country to serve a transnational elite who can afford to pay for such services (Rudge, Matesanz, Delmonico & Chapman, 2012). Medical tourism can also have problems such as unknown or uncertain quality, which may discourage those who could benefit (Runnels & Carrera, 2012). While the risks to individuals can be controlled to some extent, for example through credential programs, the broader ethical and social risks associated with medical tourism have not been studied fully and cannot easily be controlled (Hopkins, Labont, Runnels & Packer, 2010).

One of the biggest gaps in the knowledge of medical tourism on a global scale is that there are very few accurate statistics available (Connell, 2011). One industry trade group estimates the size of the market at being between USD45.5 billion to USD72 billion, figures that are generated from

approximately 14 million cross-border patients, and an annual growth rate of between 15% and 25% (Patients Beyond Borders, 2015). However, this is a very broad estimate and does not have a strong degree of precision.

The Development of Medical Tourism in Thailand

There are three key periods of medical tourism development in Thailand. These include the pre-1997 period; 1997-2010; and 2010 to present. Each of these periods is marked by different government policies and issues, and response to changes in markets and demand.

Pre-1997: Organic Growth and Niche Surgery Needs

Medical tourism in Thailand has its origins as early as the 1970s and 1980s (Connell, 2011). The country pioneered specific types of surgeries, particularly gender reassignment surgeries, that were rare and stigmatized in the west (Connell, 2011). The development of this category of surgery grew in part from the traditional gender norms of Thai society, which included the *kathoei* (third gender) concept that is excluded from Western binary gender systems (Rowland & Incrocci, 2008). Gender reassignment surgeries comprised the majority of medical tourism activities in Thailand prior to the 2000s, and up to the 1990s this was a small industry (Aizura, 2010). Dr. Preecha Tiewtranon, who began practicing gender reassignment surgery in the 1970s, was one of the main practitioners in the early part of development, and pioneered a number of advanced surgeries (Aizura, 2010). According to Aizura (2010), the technological advancement and accepting attitudes of the Thai medical personnel, as well as the comparatively good prices and availability of procedures, led to Thailand becoming a center of niche medical tourism for transgender women prior to the Internet. The gender reassignment surgery sector was also marked by a relative lack of regulation, especially compared to Western countries, where there were prohibitively high barriers to gender reassignment surgery (Aizura, 2010).

The majority of medical tourists during the pre-1997 period came from Europe and the United States (Aizura, 2010). Thus, this period of medical tourism was marked by a strong focus on a single niche industry, which was technologically advanced and unregulated compared to other markets. During this period, medical tourism could be said to be motivated by the availability of procedures, rather than more recent factors such as falling airfares or extensive waiting lists (Connell, 2011). During this pre-1997 period, medical tourism was not overly regulated and there was no particular government policy either encouraging or discouraging it. Furthermore, medical tourism was limited to niche surgeries, with demand typically driven by unavailability or barriers to treatment in the home countries of patients seeking controversial surgeries. The pre-1997 period can be considered the embryonic period of development for the medical tourism industry.

1997 to 2010: Beginnings of Government Policy

The medical tourism industry in Thailand was one of the first industries that began to develop in the 1990s, when increasing costs and constrained availability of major surgeries began to affect patients in Western countries (especially Europe and the United States) (Connell, 2011). Between 1994 and 1997, the number of private hospitals grew significantly, largely due to tax incentives and financial

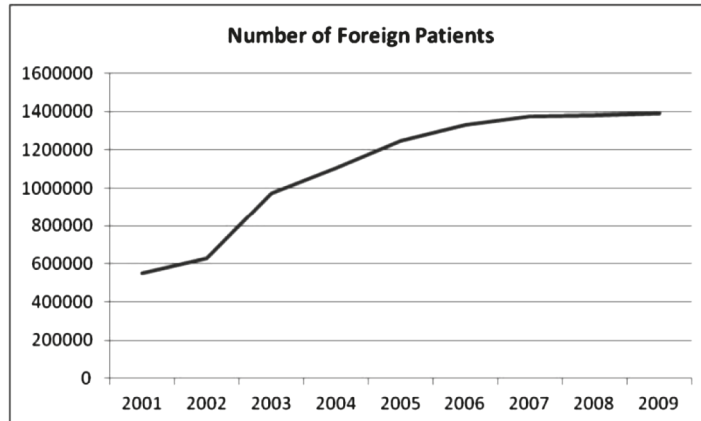
liberalization policies (Supakankunti & Herberholz, 2012). In 1997, the Asian financial crisis encouraged medical providers to directly promote their services, as domestic demand dropped, leaving excess capacity in high-end private hospitals that had expanded during the economic boom of the early 1990s (Supakankunti & Herberholz, 2012). Thus, this period began with a sharp drop in the number of private hospitals in Thailand, along with a market incentive to promote services to foreign patients (Supakankunti & Herberholz, 2012). A number of government policies encouraging medical tourism followed. One author remarked,

“Since 2003, the Thai government has attempted to make Thailand a global center for medical tourism through a Centre of Excellent Health Care of Asia initiative. Efforts at patient recruitment have included international road shows and tax exemptions for investments in new health facilities that target medical tourists”(Noree, Hanefield,& Smith, 2016: 30).

Although the policy formation during this period has been described as “relatively passive (Teh, 2007: 494),” the Thai government did engage in several initiatives, including establishing special tourist visa categories for medical tourists and engaging in increasingly broader medical tourism campaigns. For example, following the 2001 terrorist attacks, the government shifted its focus to the Middle East, seeking out patients that were no longer comfortable travelling to Western countries (Teh, 2007).

The medical tourism industry in Thailand was characterized by growth and centralization during this period. Figure 1 shows the growth in foreign patients in Thailand during the period (2001 to 2009). All foreign patients are treated in private, mostly for-profit hospitals and clinics, the majority of which are located in Bangkok or in a small number of second cities (especially Chiang Mai and Pattaya) (Supakankunti & Herberholz, 2012). With a few notable exceptions, services offered to medical tourists during this period were similar to Thai patients; for example, one author noted that up to 2009, many patients seeking information about surgery in Thailand were greeted with English-language versions of sites that offered the same services and packages to Thai patients (Enteen, 2014). While gender reassignment surgeries remained common during this period (and are still common today) (Aizura, 2010), the services provided diversified widely, including cosmetic, cardiac, and other surgeries and treatments (Pocock & Phua, 2011).

This period was also marked by increasing differentiation, specialization and service innovation by private hospitals seeking to compete for a share of the growing medical tourism market with both domestic and international competitors (Ramrez de Arellano, 2007). For example, Bumrungrad Hospital, one of the largest private hospitals in Bangkok, sought out Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification, hired interpreters, and established a department to care for its Japanese patients as a means of competing against other private hospitals (Ramrez de Arellano, 2007). Hospitals also invested heavily in advanced diagnostic technology and other technologies in order to serve the unusual needs of medical tourists (Ramrez de Arellano, 2007). These changes were required by increasing competition from neighboring countries, which were drawing on Thailand’s regional markets and targeting its Middle Eastern and European markets (Teh, 2007).



Picture 1 : Number of foreign patients treated in Thai hospitals (2001 to 2009)

Source: Supakankunti & Herberholz, 2012: 148

During this period, the healthcare industry in Thailand began to suffer increasing distortions in medical provision due to the influence of medical tourism (Ramrez de Arellano, 2007). For example, over-investment in advanced technology used resources that could be used to develop basic healthcare (Ramrez de Arellano, 2007). There was also an increasing shift of resources from public to private healthcare provision, including human resources and hospital beds (Pocock & Phua, 2011). For example, the public sector in Thailand had a personnel shortage of almost 6,000 physicians in 2005 (Hopkins, Labont, Runnels & Packer, 2010). Even though these physicians were available, they preferred to work in private hospitals, which offered better pay and benefits (Hopkins, Labont, Runnels & Packer, 2010). Even though these physicians were still in the country, unlike countries experiencing an external brain drain, it still reduced availability of resources for the public healthcare system most Thais depended upon (Hopkins, et al., 2010). This shift particularly affected hospitals and other service providers in urban areas, creating an urban-rural divide and a private-public divide in the availability and provision of basic and advanced healthcare services (Pocock & Phua, 2011). The result of this change in policies is that even though highly advanced medical treatments are available in the private healthcare sector in Thailand, these treatments have not filtered through to the public healthcare sector, where most of the Thai population receives their basic care (Pocock & Phua, 2011).

Furthermore, the Thai government spent up to twice as much on healthcare as neighboring countries of Malaysia and Singapore, which is partly attributable to the redirection of resources to the private sector (Pocock & Phua, 2011). The increasing demand from medical tourism also constrained availability and increased costs for Thai patients, including those in the private healthcare system (Naranong, A., & Naranong, V., 2011). These constraints occurred not just for cosmetic and elective procedures, but for necessary surgeries such as Caesarean sections, appendectomies and knee replacements (Naranong, A., & Naranong, V., 2011). These authors argued that changes to policy, such as removing the Thai language requirement for physicians and encouraging immigration of medical professionals, could mitigate the resource shortages that caused these shortages (Naranong, A., & Naranong, V., 2011).

2010 to Present: Centralizing Medical Tourism

Beginning in 2010, the Thai government began to take a more active role in the medical tourism industry, establishing policies and engaging in industrial development activities. In 2010, the National Health Assembly passed a Resolution on Medical Hub Policy, which was endorsed by Thailand's Cabinet in 2011. This policy was designed to address the inequalities in health care access that emerged during the first growth period of the medical tourism industry while continuing its development. The proposed changes included improving the assignment of medical resources (including human resources and financial resources) and ensuring that the benefits of medical tourism, such as access to advanced procedures and equipment, were passed on to the Thai population in the public health care system (Pachanee, 2012).

Thai government policies during this period did not go far enough to restructure the medical industry to cope with the demands of medical tourism. For example, it was recommended that the personnel shortages of the 2000s could be mitigated by allowing foreign physicians to practice in Thailand (Naranong, A., & Naranong, V., 2011). However, these recommended policies were not put into place, with Thai language requirements continuing to block most international practitioners. The human resources shortage in the Thai medical industry continued and the public health system continued to be constrained in terms of the availability of procedures and cost (The Nation, 2013).

Although the period from 2010 to today did not have significant movement in terms of equitable redistribution of health resources, in terms of industry promotion there was substantial change. During the late 2000s, Thai hospitals began developing holiday packages that incorporated accommodation, transportation, and tourist activities along with their medical services (Enteen, 2014). These packages were specifically designed for tourists, drawing on the exotic image of Thailand as a tourism destination and combining this exoticism with the advanced medical procedures available (Enteen, 2014). This approach is consistent with the motivations of medical tourists, who are not only driven by the demand for medical procedures but also drawn by the location's sense of place, history, environment and other factors (Runnels & Carrera, 2012; Österle, Johnson & Delgado, 2013).

The government also began to become involved in marketing campaigns for medical tourism in Thailand during this period (Enteen, 2014). This involvement included several campaigns by the Tourism Authority of Thailand. The most recent of these campaigns, "Visit Thailand to Enhance Your Healthy Life", was launched by Thailand's Ministry of Public Health in September 2016 (Ngamsangchaikit, 2016). This campaign promotes medical tourism to a broader audience, and includes medical check-ups, dental services, and reproductive healthcare (Ngamsangchaikit, 2016). It is expected that up to 70 internationally certified hospitals will participate in this marketing campaign. However, the long-term effects of the campaign on medical tourism are unknown. This type of campaign is characteristic of Thai government policies in medical tourism during this period.

Conclusion

This article discusses the development of the medical tourism industry in Thailand. It is evident that Thailand is seeking to establish itself as an important medical hub in Asia for the growing numbers of medical tourists who are prepared to travel to another country to obtain medical services.

Medical tourism has emerged in many developing countries across Asia. It is implemented as a means of enhancing the traditional tourism industry, and has the ability to capture high-value, high-spending tourists to the country. From the initial small number of medical tourists arriving for specialized surgical procedures, the medical tourism industry in Thailand has grown substantially with the Thai medical tourism industry reportedly earning approximately USD3 billion annually. From humble beginnings the growth of the medical tourism industry has provided an economic boost to Thailand, and is now seen as an alternative tourism market for the country to further develop in the future.

Thailand has encountered intense competition from alternate countries to attract medical tourists. Consequently, successive Thai governments and medical providers have established policies and actively promoted and implemented programs aimed directly at medical tourists. Moreover, huge investments have been made in medical facilities and advanced medical technology to serve the specific requirements of medical tourists visiting Thailand. However, it has been questioned whether this pursuit of medical tourism has provided positive benefits for Thailand and its population. Certainly the investment in improved medical facilities, medical services and advanced technology has resulted in an improved healthcare system in Thailand, especially in Bangkok and a small number of secondary cities such as Chiang Mai and Pattaya, which are popular with medical tourists. However, critics have argued that the investment in the healthcare industry across Thailand has only occurred in the private healthcare sector, and this improvement in facilities, services and technology has not filtered through to the public healthcare sector, which the majority of the Thai population rely on for their healthcare. This issue has caused increased levels of inequality in Thailand's healthcare system, resulting in a shortage of medical staff, medical facilities and the availability of procedures in the public healthcare sector.

Policies have recently been introduced to address these inequalities in the Thai healthcare system, and ensure the benefits of the medical tourism industry, including the introduction of advanced technology and medical treatments, filter through to the Thai population. Therefore, while specific issues such as a shortfall in medical personnel and the availability of procedures in the public healthcare system continue to exist in the short term, it can be seen that such ethical issues surrounding the development of medical tourism for foreign visitors is not inevitably negative. Medical tourism offers a unique alternative for the tourism industry, it provides increased benefits through tourism for the economy, and has aided the introduction of advanced medical technology, and enhanced medical facilities and services to potentially create an improved healthcare system for Thai people.

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