Potential for Promoting Medical Tourism in Maharashtra

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Article ID: WMC003066

Subject Categories: PUBLIC HEALTH

Keywords: Medical Tourism, Healthcare, Multispeciality treatment, Tourism, Hospitality

How to cite the article: Bankar A P. Potential for Promoting Medical Tourism in Maharashtra. WebmedCentral PUBLIC HEALTH 2012;3(2):WMC003066

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Source(s) of Funding:
NA

Competing Interests:
NA
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Abstract

This paper explores medical tourism industry and driving factors and organisation & management of medical tourism in the state of Maharashtra. The discussion is framed about cost effectives in medical tourism comparison with abroad and other states in India with Maharashtra. Maharashtra is known as the only tourist state in India having four world heritage monuments i.e. Ajanta caves, Ellora, Elephanta caves, and Chhatrapati Shivaji Terminus. Now the period of globalisation Maharashtra is also ahead in health care, Maharashtra has one of the best qualified professionals in each field and this fact has now been realized the world over regarding medical facilities. Maharashtra has the most competent doctors and world class medical facilities with most competitive charges for treatment of certain medical problems. After carving niche for itself on the global tourism map, Maharashtra is now looking for creating a new identity by offering best health services to tourist. Undoubtedly a lot in the recent days and experts are comparing it as one of the best emerging medical tourism destination. After Bangalore, Delhi, Kolkata, Kerala in India, Maharashtra has better scope in medical tourism in the coming decade, be it a Ayurvedic, Homeopathy, Allopathic medicines local doctors are second to none.

Introduction

The concept of Medical Tourism is not new one, in ancient Greece, pilgrims and patients came from all over the Mediterranean to the sanctuary of the healing God Asclepius at Epidaurus. In Roman Britain patients travelled to the Hot Waters Springs to cure their diseases, a practice that continued for 2,000 years. From the 18th century wealthy Europeans travelled to Spas from Germany to the Nile. In the 21st century relatively low-cost jet travel has taken the industry beyond the wealthy and desperate. Later, mostly wealthy people began travelling to tourist destinations like the Swiss lakes, the Alps and special tuberculosis sanatoriums, where professional and often specialized medical care was offered. In this century, however, Medical Tourism expanded to a much larger scale. Thailand, followed by India, Puerto-Rico, Argentina, Cuba and others quickly became the most popular destinations for Medical Tourists, complicated surgeries and dental works, kidney dialysis, organ transplantation and sex changes topped the list of the most popular procedures. From Neolithic and Bronze age where in people used to visit neighbouring countries for Minerals and Hot Springs, today we have reached the era where Hospitals are more like Spas and Spas more like hospitals.

Defining Medical Tourism

There are many ways to define Medical Tourism which is also known as Medical Travel, Surgical Tourism, Health Tourism, Medical Value Travel, Health Care Abroad, Medical Overseas, Overseas Medical, and even Medical Outsourcing and Offshore Medical. Medical Tourism can be broadly defined as “providing cost effective private Medical care collaboration with Tourism Industry for patients needing surgical and other forms of specialized treatment.”

In simple words Medical Tourism is the process of travelling abroad to receive superior medical, dental cosmetic care by highly skilled surgeons at some of the most modern and state of the art medical facilities in the world where the cost of treatment is comparatively very low then their home country.

Research Methodology

For this research paper primary data was collected from the office of the ministry of tourism Government of India for examining the potential of medical tourism in Maharashtra. 25 Doctors from the major private hospitals, corporate hospitals, insurance company officials, were interviewed and their opinions were recorded. The Tourism Professionals, Travel Agents, Hotels, Airline, Govt Tourism office & Academician were also interviewed further data regarding the operative cost of treatment of various surgeries was collected form the major hospitals. A questionnaire was prepared for medical tourism companies in Maharashtra and hospitals and some data through an extensive literature review and online search.
Findings

Maharashtra is one of the progressive states & second largest state in the country. Important demographic indicators of the state are as below:

**Demographic indicators of Maharashtra (Table 1)**

Maharashtra has been in the forefront of healthcare development in the country. It was among the first states to decentralize primary healthcare administration through Zilla Parishads as early as 1961. Further, under the Minimum Needs Program Maharashtra was again one of the first states to achieve the norms mandated for primary health centres, subcentres and Rural Hospitals. The state also has the largest private health sector in India whose reach is quite extensive.

* Primary Healthcare service
* Secondary Healthcare service
* Tertiary Healthcare service
* No. of Primary Health Care Services is 1816 including Tribal and Non Tribal
* No. of Sub Centre is 10579 including Tribal and Non Tribal

**Tertiary Healthcare services**

The Tertiary healthcare service in Maharashtra has witnessed an enormous growth in infrastructure in the private and voluntary sector. The private sector which was very modest in the early stages has now become a flourishing industry equipped with most modern state-of-art technology at its disposal. It is estimated that 75-80% of healthcare services and investment in Maharahatra are now provided by the private sector such as the Tatas, Fortis, Max, Wockhardt, Piramal, Apollo and the Escorts group. Some of the hospital in Maharashtra accredited by the national and international accreditation body like, NABH, QCI, ISO, JCI.

Maharashtra has to-notch centre for knee replacement surgery, hip replacement surgery open-heart surgery, cosmetic surgery and cancer therapy, and virtually all of clinics are equipped with the latest electronic and medical diagnostic equipment. The various facilities in Maharashtra include full body pathology, comprehensive physical and Gynaecological examinations, dental check-up, eye check-up, diet consultation, audiometric, spirometry, stress & lifestyle management, digital X-Ray, 2D echo, colour Doppler, CT scan, high strength MRI.

Local medicos have treated number of international patients the clinical outcome was at par with world’s best centres, for Maharashtra has internationally qualified and experienced specialists, super specialists. Surgeons had also presented research paper at several international seminars and undergone fellowship at foreign universities. Moreover there is an assurance that patients will get personalized care and hospitality. Doctors in Maharashtra are proficient in English most even provide interpreters to cut across language barriers while the patient stays at hospitals, they take care to see that the visit becomes a pleasant experience.

**FACTS & FIGURE**

Cost effectiveness is one of the most important driving factors for medical tourist in the state of Maharashtra cities like Mumbai, Pune, Aurangabad, Nasik, & Nagpur the cost of treatment is very low compare to US, UK and any other city in India.

**COMPARISON OF CHARGES (Table 2)**

(Source: Private Hospitals from Mumbai, Pune, Aurangabad, Nasik, Nagpur. This is only approx operative charges final cost depend on patient case)

**Suggestions**

Medical Tourism is undoubtedly, a trend than is still in its process but it has enormous potential for growth and development in India. Maharashtra too can benefit form this trend of Medical Tourism for which the following recommendations have been suggested.

At present there are only 17 hospitals in India and out of 03 hospitals in Maharashtra accredited by JCI i.e. Joint Commission International which is the global are of US based joint commission on the accreditation of healthcare organisations. Which have accredited hospitals in Europe, America, Asia, and Middle East the JCI accreditation to hospitals in India would help an symbol of trust & benchmark for medical tourist worldwide.

At National level CII has just enlisted hospitals offering medical tourism facilities in India which is not enough there should be a accreditation body at the national level concisely the Ministry of Tourism, Medical Council of India, National Accreditation Board for Hospitals.

The government, the healthcare and the travel industry has to work together to change the predominant image in the minds of the average public in the medical tourist. An special cell for promoting medical tourism should be established in the ministry of tourism Govt. of India. There is no approval procedure for medical tourism facilitator tourism ministry and regional tourism govt office set parameters and standard for Medical Tourism Facilitator.
There has been a lot hue and cry from the activist groups against opening up hospitals for medical tourism for the reason that the available facilities are not even sufficient for the domestic patient. It is real menace to see the poor Indian citizen dying on streets while the wealthy foreigners getting five-star hospitality in addition to medical treatment.

One major obstacle that is impeding the uninhibited growth of the global medical tourism sector is a lack of PPP Public Private Partnership and of a one brand initiative. Singapore, Malaysia, Korea and several other countries have established boards formed by tourism authorities, chambers of commerce, ministries of health and private organisations with one shared objective. In India, there is lack of a single, unified body that works towards a common goal.

Another major hurdle is poor marketing strategies. Many small-scale India healthcare organisations emphasise India as cheaper destination, but there is a significant distinction in what is cheap and what value is for money. India has a long way to go to establish itself as a leading medical tourism brand that can offer high quality healthcare at affordable prices, with an additional pull factor being its attractive tourism activities.

The Indian legal infrastructure is not at all geared up to handle healthcare specific litigations in a speedy manner. Internationally, legal redressal is a routine affair, which in India, is considered as against ethics. Though there exists a mechanism to deal with medical insurance related cases, there redressal is so much consuming. There should be one special regulatory body to monitoring and controlling medical tourism operation in India.

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Demographic indicators of Maharashtra

<table>
<thead>
<tr>
<th>Particular</th>
<th>Maharashtra</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area (Sq.Km.)</td>
<td>314</td>
<td>3287</td>
</tr>
<tr>
<td>Proportion of State Area to Total Area</td>
<td>9.5</td>
<td>100</td>
</tr>
<tr>
<td>Population (Million)</td>
<td>96.87</td>
<td>1028</td>
</tr>
<tr>
<td>Percentage of state Population to total Population</td>
<td>9.42</td>
<td>100</td>
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<tr>
<td>Population Density per Sq.Km.</td>
<td>314</td>
<td>324</td>
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<tr>
<td>Urban Population</td>
<td>42.43</td>
<td>27.82</td>
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<tr>
<td>Sex Ratio</td>
<td>922</td>
<td>933</td>
</tr>
<tr>
<td>Literacy Percentage</td>
<td>77.27</td>
<td>65.8</td>
</tr>
<tr>
<td>Female Literacy Percentage</td>
<td>67.51</td>
<td>54.16</td>
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</table>
### Illustration 2

#### Table 2

**COMPARISON OF CHARGES**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Abroad</th>
<th>India</th>
<th>Maharashtra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hip Replacement</td>
<td>6.50 Lakh</td>
<td>2.60 Lakh</td>
<td>1.50 Lakh</td>
</tr>
<tr>
<td>Total Knee Replacement</td>
<td>7.50 Lakh</td>
<td>3.50 Lakh</td>
<td>2.30 Lakh</td>
</tr>
<tr>
<td>Simple Spine Surgery</td>
<td>3.20 Lakh</td>
<td>2.10 Lakh</td>
<td>1.00 Lakh</td>
</tr>
<tr>
<td>Spine Surgery with Implant</td>
<td>9.60 Lakh</td>
<td>2.40 Lakh</td>
<td>1.30 Lakh</td>
</tr>
<tr>
<td>Ilizarov Surgery</td>
<td>2.50 Lakh</td>
<td>1.00 Lakh</td>
<td>90,000</td>
</tr>
<tr>
<td>Deformity Correction</td>
<td>1.50 Lakh</td>
<td>60,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Simple Brain Tumour</td>
<td>1.92 Lakh</td>
<td>50,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Open Heart Surgery</td>
<td>8.40</td>
<td>2.50 Lakh</td>
<td>1.50 Lakh</td>
</tr>
</tbody>
</table>
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