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## **Finding out Shared Expert Opinion on the Development of Inbound Medical Tourism: The Case of Russia**

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**Abstract:**

*Delphi method is applied in this study for the development of Saint-Petersburg (Russia) medical tourism.*

*Medical tourism is an authorized facilitator company having the functions of a national or regional agent and approved by the state authorities that has to be the organizing core. The experts agreed that for attracting tourists the process of international accreditation of clinics, staff, hotel centers and resorts had to be launched.*

*The process, for such a development has to begin with creating an own accreditation system for inbound medical travel services and market players under the authorized national or regional facilitator. It is pointed out that educational programs in medical tourism is an important direction in building this attitude.*

*Thus, surveys have enabled the authors to word formalized suggestions on reference points of the medical tourism development concept for Saint-Petersburg and Leningrad region.*

**Keywords:** *Medical tourism, models of medical tourism, inbound medical tourism, Delphi method.*

**JEL code:** Z30, Z32.

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## **1. Introduction**

Currently, the tourists' interest in the opportunities of combining travel and receiving medical services is increasingly enhancing throughout the world. First of all, this is due to very high prices for many kinds of medical services in their home countries, and secondly, many are not satisfied with the medicine development level in their countries. Thirdly, the patients do not wish to be on the waiting list for medical services, and so on (Horowitz and Rosensweig, 2007; Whittaker *et al.*, 2010). The listed factors lead to the "global outsourcing of medical services" and the emergence of new mechanisms for consuming, producing and marketing medical services to be exported (Smith and Forgione, 2014; Connell, 2013). Diversification of services in the sphere of international medical tourism makes specialists clearly target the segments of medical tourism. For instance, such trends as check-up tourism (Genç, 2012), dental tourism (Turner, 2008), cosmetic surgical tourism (Franzblau and Chung, 2013) and transplant tourism (Canales *et al.*, 2006) can be singled out with confidence.

As for consensus in theoretical notions, the contemporary society has achieved a certain one. Medical tourism is a term used to describe the travel of patients who are citizens and residents of one country, the "home country" to another country, the "destination country," for medical treatment (Glenn, 2010). The latest decade has seen lively debate over practical questions on reforming the regulatory and legal framework of healthcare for medical tourism purposes, and the medical insurance system for legalizing the broadly diversified medical tourism services and protection of rights of "medical tourists" when patients travel to foreign jurisdictions for medical care (Glenn, 2011a; 2011b; 2013; 2014a; 2014b; Raghav, 2007; Cortez, 2008; Crooks *et al.*, 2013; Lunt and Horsfall, 2014).

Initially, as medical tourism developed, its "inpatient care" function was quite sought after – the tourists intended to get surgical treatment (Cook, 2008). Currently, the synergy between travel services markets for the "sick ones" and the "healthy ones" can be observed (Sigrist, 2006b), with the healthy medical tourists market to prevail in the future (Sigrist, 2006a). The authors have found GHR to support this paradigm too: *"The Baby Boomers are living longer and demanding better health as they age ... and the Millennials who are soon to be the world's most populous generation are also interested and most open to the concept of traveling for healthcare"* (2016-2017, Global Buyers Survey Brief, 2007).

## **2. Literature Review**

### **2.1 Medical tourism development models**

The development of medical tourism brings along the emergence of quite a lot of medical intermediaries and coordinators of various composition between the international patients and hospital networks worldwide (Connell, 2006). The

publication "Medical Tourism. Facilitator's Handbook" (Todd, 2012) presents the broadest range of medical tourism intermediaries and identifies over 25 categories and subcategories of intermediaries giving a brief characteristic of them. At present, medical intermediaries based in destinations accumulate the entire process, starting with selecting a clinics, creating conditions for the patient to be received and treated, providing the patient with 24 hours a day / 7 days a week support service, processing the treatment results, up to organizing "another opinion" procedure. In the work "Medical tourism facilitators: Patterns of service differentiation" (Gan and Frederick, 2011), the major players of medical travel services market (major industry players) are described using the example of the USA, such as domestic medical tourism facilitators (DMTF), foreign healthcare providers (FHP), domestic insurance companies (DIC), domestic employers (DE), domestic healthcare providers (DHP), and foreign medical tourism facilitators (FMTF). Four medical tourism development models with these intermediaries involved are described.

**Model 1:** Direct medical tourism. Evolutionarily, this is the earliest medical tourism development models and it is basically a patient's direct contact with a foreign hospital (FHP).

**Model 2:** Medical tourism arranged by medical tourism facilitators (DMTF, FMTF) coming from the home or foreign region (DMTF, FMTF). In this case, medical tourists use the services of dedicated tour operators that specialize in searching for suitable foreign clinics and can form complete medical package tours with treatment organized, and transport and accommodation booking for the time of treatment, rehabilitation or post-surgery recovery provided. This model is widespread in such destinations as Israel, South Korea, China and some other countries.

**Model 3:** Medical tourism as a part of the state healthcare policy. Within this model, the foreign hospitals (FHP) become authorized providers of medical services both for individual patients and for the USA companies (DE) aiming to reduce expenses for healthcare. This model is used not only in the USA but also in the UK and other countries of Europe. Meanwhile, insurance companies (DIC) are busy with the development of partner relationships with foreign clinics (FHP). For instance, this mechanism is quite a mainstream phenomenon in Switzerland where they have a unique medical service system created, with compulsory insurance provided for citizens and persons residing within the country for over three months. Under the Swiss law, employers shall pay for their employees' opportunity to get quality medical aid. So the numerous Swiss insurance companies and healthcare foundations establish partner relationships with foreign clinics in other European countries, e.g. in Hungary, Lithuania, Poland, Czech Republic and some others where treatment is less expensive (Ackermann-Liebrichetal, 2007; GDI, 2007; Education Standard, 2018).

**Model 4:** Medical tourism which is relies on the partnership of domestic healthcare providers (clinics, diagnostic centers, doctors) (DHP) with hospitals, medical centers and doctors of a foreign destination (FHP). Within such a partnership, the American clinics practice outsourcing the medical services to foreign clinics, however, with treatment guidelines shared with the foreign partners, professional advise ensured using the telemedicine technologies, and further training for specialists of the foreign

partner medical clinics arranged. This model has quite impressive development prospects in other countries as well.

According to Global Buyers Survey (2016-2017), almost 38% of medical tourists turn to facilitator companies, 16,4% of those looking for a medical institution go to insurance companies, 13,1% – to tour operators, 13% – to insurance agents or brokers and advisors, and 3,3% – to their doctors" (2016-2017, Global Buyers Survey Brief, 2007). Thus, the above models should be considered as possible lines for shaping a consistent approach in medical tourism development, especially in the countries that are just breaking new ground working on this trend.

## **2.2 Medical tourism in Russia**

In Russia, the development of inbound medical tourism is affected by such factors as "diaspora", "a high extent of confidence in one's home native medicine", and "no language barrier", because the main flow of the foreign medical tourists is made up by those born in the former Soviet Union and their descendants who keep their family ties and language. They amount to some 60% of the inbound flow. Another 15,2% are accounted for by the urban dwellers of the CIS countries, first of all, from Uzbekistan, Turkmenistan, Kyrgyzstan, Kazakhstan, Armenia and Belarus, who travel to Russia visa-free for treatment. There remains also a smaller flow of medical tourists from the former communist block countries; around 8% of tourists arrive on medical purposes from Latvia, Bulgaria, and Czech Republic.

According to the results of 2016, 66 thousand patients used the services of the Russian medical institutions, with the foreign citizens numbering over 110 thousand in 2017. It is dental treatment that enjoys the highest demand with the foreign tourists – 44% of the patients came to Russia for these services. Urology and gynecology rank second – 23%. The foreign tourists from the neighboring countries, Europe and the UAE came mainly for IVF (in vitro fertilization); the interest is due to the high quality and low price: the procedure in Russia is on average 2,5 times cheaper than in the said countries. The third place (17%) is occupied by plastic surgery services that on average are 13% cheaper in Russia (RAOMT, 2017).

According to the published data of the research "Overview – Medical Tourism Index, 2016" (Medical Tourism Index, 2016), Russia ranks 34th in the global rating of countries (with 41 countries participating) in the development of medical tourism infrastructure. Among the European countries, Russia is ninth. The MTI rating takes into account not only the competence and repute of doctors and services provision standards but also the attitude of the staff to patients as a whole, friendliness of the staff. Interestingly enough, Russia "fails" mainly in two parameters there: first of all, they note a clear lack of qualified medical workers that could communicate with patients in a foreign language in the country. Secondly, Russia has no so-called "medical visa" as a notion – one that allows obtaining a visa on the grounds of medical documents urgently and enables the patient to have a flexible schedule for

visiting the clinic (doctor), with multiple visits included for the case of prolonged treatment. Hence the majority of medical tourists arrive to Russia using the tourist visa.

### **3. Research Methodology**

#### **3.1 Problem statement**

Saint-Petersburg accounts for about 30% of the main flow of the foreign medical tourists. This destination has the largest state and private medical centers of various clinical profile available, as well as treatment and health resort centers, rehabilitation complexes, and recreational centers. Although the interest of both domestic and foreign medical tourists in these services is high, by the present, the destination has not formed the mechanisms for organized inbound medical tourism yet. This activity has a spontaneous and initiative nature, even occasional at times. It has neither idea core nor synchronized support forms and structures both on the part of the state authorities and of the professional community (tourist, hotel, insurance companies, transport companies), this is why many clinics, medical centers and health resorts – given their considerable potential and the demand for their services – have to step back from the process as they are not prepared to undertake the entire cycle of arranging the medical tours for inbound tourists.

#### **3.2 Materials and Methods**

This research was aimed at obtaining stable opinions of experts on possible models, mechanisms and forms of organizing medical tourism. In the research, the total of expert evaluation methods, a number of analytical methods, as well as surveys, brainstorming and seminars were used. The bulk of data in the research was obtained by expert forecasting method – the Delphi method. The Delphi method is the generally accepted one for measuring the consensus of opinions (Linstone *et al.*, 2002). The studies lasted from April 2017 until January 2018 and involved three rounds of surveys spaced at three months, with the questions and answers made more precise at each subsequent stage.

The research design was formed as follows. At the first stage, the author conducted a detailed descriptive and qualitative content analysis of information resources consisting of papers, monographs, and websites on finding out models, mechanisms and technologies of organizing medical tourism in various countries of the world. This material was further systemized and used both in presentations as supplementary information material and in conducting interviews, expert surveys, seminars and brainstorming in order to address the gaps and flaws in the participants' knowledge. Alongside with this, the material collected was structured and the most successful models, mechanisms and technologies of organizing medical tourism

were described using the case-method for shaping the database when doing the Delphi method research. At the second stage, the main task of the Delphi method research was selection of experts and ensuring the process of efficient independent group and individual communications for discussing and forecasting possible models, mechanisms and forms of organizing medical tourism in Saint-Petersburg and Leningrad region.

The Delphi expert group was carefully selected proceeding from the experts' professional belonging to the sphere of activity under study; however, already at the stage of preliminary acquaintance it was clear there are certain flaws in their understanding of the contemporary development trends and mechanisms of this activity. The author took into account the representativeness of participants coming from all groups of parties interested in organizing this activity in the destination. Among the experts, there were representatives of the state and private medical institutions, including those of treatment and health resort complexes and rehabilitation centers, travel agency managers, representatives of the professional self-regulating organizations, in particular, the Association of resorts of the North-West of Russia, the North-Western branch of the Russian union of travel industry, the Association of private clinics of Saint-Petersburg and the North-West, as well as the leading specialists in organizing tourist activity coming from universities that have the profile faculties, marketing directors of chain hotels, representatives of Russian insurance companies and a representative of the state authorities, namely, Saint-Petersburg Committee for tourism. Thus, 18 experts (N=18) were engaged in the Delphi method research.

### 3.3 Research technique

In the first round, the respondents were given eight questions of the main questionnaire form and 12 case questions (Table 1 and Table 2).

**Table 1: Main questionnaire items**

|   |  |
|---|--|
| <b>Question 1.</b> Please evaluate the effect of inbound medical tourism on healthcare. (0 – no effect; 10 – stimulating the development of individual medical focus areas and healthcare in general)   |  |
| <b>Question 2.</b> Please evaluate the necessity of developing inbound medical tourism in Saint-Petersburg and Leningrad region. (0 – there is no such necessity; 10 – the necessity is long overdue, the question needs an urgent solution)            |  |
| <b>Question 3.</b> Please evaluate the segment of inbound medical tourism in Saint-Petersburg and Leningrad region. (0 – there is no such segment; 10 – this is a considerable segment of travel services market having a certain capacity of services) |  |
| <b>Question 4.</b> Please evaluate the advantages of your organization in developing inbound medical tourism. (0 – there are no advantages at all; 10 – it will have a positive effect on the economy of the enterprise)                                |  |
| <b>Question 5.</b> How do you evaluate the possibility of uniting the efforts and synchronizing the activity of all inbound medical tourism market players of Saint-Petersburg? (0 – extremely negatively; 10 – completely positively)                  |  |
| <b>Question 6.</b> Please evaluate the prospect of joining the efforts of all players concerned for   |  |

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|--|--|
| your organization. (0 – joining will have a negative effect on it; 10 – our organization will only benefit from it)  |  |
| <b>Question 7.</b> How do you evaluate having to develop certain selection criteria for organizations willing to work in the inbound medical tourism area? (0 – all the willing ones may work, no criteria are needed; 10 – the criteria for selecting the market players are necessary) |  |
| <b>Question 8.</b> How do you evaluate the extent of the staff's being prepared for receiving foreign medical tourists? (0 – the staff is not prepared; 10 – the staff is completely prepared)   |  |

*Source: The author.*

**Table 2: Case questions for the main questionnaire**

|  |  |
|--|--|
| Case question 1. Direct medical tourism (Model 1). How do you evaluate the opportunities of developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively; 10 – positively)  |  |
| Case question 2. Medical tourism arranged by domestic or foreign region medical tourism intermediaries. (Model 2). How do you evaluate the opportunities of developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively; 10 – positively)  |  |
| Case question 3. Medical tourism as a part of the state healthcare policy (Model 3). How do you evaluate the opportunities of developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively; 10 – positively)  |  |
| Case question 4. Medical tourism formed on the basis of partnership between medical service providers (clinics, diagnostic centers, doctors) from the home region with hospitals, medical centers and doctors from a foreign destination (Model 4). How do you evaluate the opportunities of developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively; 10 – positively)                                 |  |
| Case question 5. An authorized (national / regional) facilitator. The case of ILmed company (Israel). How do you evaluate the opportunities of developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively; 10 – completely positively)  |  |
| Case question 6. The BalticCare "12 chairs" Case: forming the Alliance of the leading Latvian medical institutions for promoting Latvian medical tourism abroad. How do you evaluate the opportunities of developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively; 10 – completely positively)   |  |
| Case question 7. The LITCARE case – on the experience of work of medical tourism services cluster in Lithuania. How do you evaluate the opportunities of developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively; 10 – completely positively)  |  |
| Case question 8. The MedassistHungary – Medconcierge24/7 case: receiving foreign patients in Hungary, a medical concierge in the country available 24 hours a day 7 days a week for a foreign medical tourist (Med24/7). How do you evaluate the importance of this trend in developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively, it does not matter; 10 – completely positively, it is important) |  |
| Case question 9. The Joint Commission International (JCI) case – the "golden standard" for international medical tourism. How do you evaluate the importance of this trend in developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively, it does not matter; 10 – completely positively, it is important)  |  |
| Case question 10. The TEMOS case – "Excellence in medical tourism". How do you evaluate  |  |

|  |  |
|--|--|
| the importance of this trend in developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively, it does not matter; 10 – completely positively, it is important)  |  |
| Case question 11. The MTA cases: Certified Medical Tourism Professional (CMTP); Certified Medical Tourism Specialist (CMTS); WellHotel® Training & Certification for Hotels & Resorts. How do you evaluate the importance of this trend in developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively, it does not matter; 10 – completely positively, it is important) |  |
| Case question 12. The GHA (Global Healthcare Accreditation®) case. How do you evaluate the importance of this trend in developing inbound medical tourism in Saint-Petersburg in line with this model? (0 – extremely negatively, it does not matter; 10 – completely positively, it is important)   |  |

**Source:** *The author.*

#### 4. Results and Discussion

In the first round, all experts got questionnaire forms marked by a code number as the principle of anonymity in the expert group was observed. The first round of the survey identified the level of competence and preparation of each respondent for consistent and organized actions in implementing a new line – medical tourism – in Saint-Petersburg and Leningrad region destination. When analyzing the filled out forms, special attention was paid to detailed comments given for the questions and cases suggested. According to the results of the first round, a 100% feedback was obtained; all experts handed in their questionnaire forms and their comments that were used for detailing the information materials and cases when launching the second round.

The second round was started with informing the respondents about the results of the first one. They were given the average competence factor, the average score, the average weighted score, the confidence interval, as well as comments of the respondents whose scores were beyond the confidence interval. After that, the survey participants were again handed in questionnaire forms with case questions and sets of reference information materials on the topic being discussed. According to the results of the second round, a 100% feedback was obtained too.

The third round was conducted similarly. In general, after the three rounds, the shared experts' opinions were obtained by the Delphi method and a satisfactory consensus was achieved between the participants as for selecting the model and using individual tools in organizing medical tourism in the said destination. A question was considered to be resolved if the confidence interval length was not more than two. For analyzing the results, the answers given by 12 respondents were selected from those of the 18 research participants. A part of the questionnaire forms had to be rejected due to low validity of the answers (not filled out fields, the text lacking meaning etc.).



Processing of the results has shown that the greatest consensus of the expert group opinions after three rounds was achieved in questions 2, 3, 4, 5, 6, and 8. In particular, the necessity of developing inbound medical tourism was evaluated by the participants as 7,86 points on a ten-point score. Almost all participants evaluate medical tourism development as positive for their organizations (8,22 points). The benefit for their organizations from joining the efforts was evaluated by the respondents in a coherent but moderate way – the resulting score was 6,12 on a ten-point score. The bias towards positive side turned out to be minor.

It can be stated with confidence that already in the second round all experts were unanimous on there being serious problems in staff training for working in this area both in medical and in insurance companies and tour operators (9,10 points out of 10). In their comments, the representatives of tourism profile higher educational institutions directly described the problem as a lack of educational programs in medical tourism in Russia – in Saint-Petersburg in particular.

However, in questions 1 and 7 no rapprochement of the experts' standpoints could be achieved. During debates at the seminars on the first question, some experts took a skeptical stance explaining it as follows: *"Russian healthcare will not create a high-technology healthcare to please the foreign patients"*. The opinion is apparently due to the high-tech healthcare services commercialization trend being perceived as negative in the Russian society.

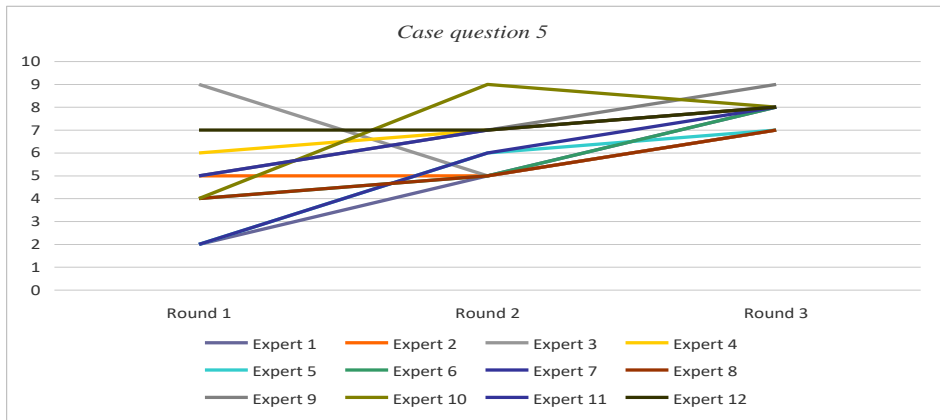
The question on elaborating the selection criteria for organizations that are willing to participate in medical tourism programs lacked rapprochement too. Here, the "stereotype" thinking seems to be engaged: once there are selection criteria, this means there are barriers for going into the international market. However, a certain part of experts wrote in their comments that *"the market players did have to be marked"*. Possibly, the lack of rapprochement of opinions over this question partly explains the consensus achieved in question 6 with a minor bias towards the positive side. Alongside with that, it can also be explained by the respondents being short of materials on the very criteria.

Using the case questions, the author succeeded in bringing the respondents' standpoints even closer and in formalizing their joint decisions into recommendations on elaborating the inbound medical tourism development concept. After the first round in case questions, the respondents had considerable deviation of scores from each other. This seems to stem from the lack of theoretical knowledge on actual development of the world medical tourism market as well as from the briefness of the reference information materials suggested to the respondents in the first round. However, having discussed the results of the first round at the seminar and studied supplementary materials prepared by the author for the second round, already in the second round, most respondents were certain about the possible model

of implementing medical tourism in Saint-Petersburg based on an authorized regional facilitator.

By the third round, virtually every expert had given their comments in case questions 2 and 5 to the effect that it was exactly this mechanism that can be implemented in the destination considered. Meanwhile, when commenting on case 5, most experts suggested including the representatives of state authorities as a founding party of the agency, namely, the representatives of Saint-Petersburg Committee for tourism. The average score in case 5 was 7,75 of 10 points in the third round. Figure 1 given below shows the convergence of the survey results on selecting the inbound medical tourism development model for Saint-Petersburg.

**Figure 1.** Evaluation of the possibility of creating an authorized (national/regional) facilitator supported by the state



Source: The author.

As for case questions 6 and 7, they turned out to be less relevant for the expert group. Just like the ones described above, supposedly, these results give evidence about development of the healthcare system and segments associated with it still tending more to the state support, as the Russian mindset goes. After round 3, the lowest scores were ones in case questions 1, 3 and 4 – with case question 3 score being high after the first round. However, as the rounds were completed, the respondents had to accept the fact that medical tourism was a new focus area for Russia and in this sphere a lot of bureaucratic decisions would be needed for boosting the state machine in motion, which could take up quite a few years.

Case question 8 got an almost equal high score (9,76 out of 10 points) throughout the three rounds – the one on creating a 24/7 support service for medical tourists. By the third round, the homogeneity of opinions on cases 9,10, 11 and 12 had increased. In her research, the author did not set the objective to select a system for certification of services or accreditation of an organization in a system associated with international medical tourism. It was first and foremost important to introduce

the respondents to the existing professional evaluation of services provided by medical organizations being active in medical tourism and to get from our professional community their evaluation of these tools as important indicators opening up the opportunities for going into the international tourism market. The experts' agreeing that for attracting international tourists the process of international accreditation of clinics, staff, hotel complexes and resorts had to be commenced was sufficient. At the same time, in their comments on the cases, the respondents wrote that e.g. their organization might fail to get international accreditation so they suggested to begin with creating a regional accreditation commission which could be formed within a regional medical tourism facilitator (agency) in Saint-Petersburg.

## 5. Conclusion

The Delphi method has allowed obtaining quantitative parameters of the expert evaluation. Using this method, the author has succeeded in obtaining and describing with simple numerical characteristics the results of expert consensus on selecting the principal reference points of the medical tourism concept and giving some recommendations as for medical tourism development in Saint-Petersburg and Leningrad region.

First, the participating experts have reached consensus on having to create a certain organizational core in the destination. According to them, the core has to be an authorized facilitator company having the functions of a national or regional agent and established by a state authority.

Second, by the end of the research, the experts' standpoints had got closer on having to elaborate selection criteria for medical organizations to be included into the inbound medical tourism program. The experts agreed that for attracting international tourists the process of international accreditation of clinics, staff, hotel complexes and resorts had to be commenced. However, most experts believed it was better to launch the process by creating the own system for accrediting the inbound medical tourism market players within the authorized national or regional facilitator.

Third, the experts' concern over the staff being unprepared for receiving international medical tourists had only grown higher by the end of the third round; this seems to arise from their greater delving into the subject area of the study. According to the experts, the lack of educational training programs on medical tourism in the Russian higher education institutions is an important problem in the development of medical tourism. Thus, the expert surveys have enabled the author to word formalized suggestions on reference

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