

The Opportunities and Challenges for Thailand in Becoming the Medical Tourism Hub of the ASEAN Region

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Abstract

The increasing growth of medical tourism has led the industry to become a global economic phenomenon. Many countries in Southeast Asia, including Thailand's neighbouring countries of Malaysia and Singapore, are seeking to compete in the medical tourism business due to the immense economic benefits that can be created. Thailand holds numerous competitive advantages over rival destinations, but it is widely believed that for Thailand to become a leading medical tourism hub in the ASEAN region, the country needs to strengthen and boost its operations and marketing in order to attract significantly more medical tourists, and ultimately gain a larger share of the developing medical tourism market. This article presents an analysis of the opportunities and challenges that will arise in developing Thailand as a leading medical tourism destination in the ASEAN region. Factors generating competitive advantages for Thailand are price benefits, medical expertise, a range of tourism products, Thai-style hospitality, a well-established infrastructure and government support in marketing, which provide great opportunities for Thailand. However, there are several challenges facing Thailand, including the risk of medical malpractice, the shortage of physicians and medical staff, insufficient government involvement and cultural and language barriers.

Keywords: Opportunities, Challenges, Medical Tourism, ASEAN

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โอกาสและความท้าทายของประเทศไทยสู่การเป็นศูนย์กลางการท่องเที่ยวเชิงการแพทย์ของภูมิภาคอาเซียน

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บทคัดย่อ

การเติบโตของอุตสาหกรรมการท่องเที่ยวเชิงการแพทย์กลายเป็นปรากฏการณ์ทางเศรษฐกิจ ผลกระทบประโยชน์ตอบแทนทางด้านเศรษฐกิจจากการท่องเที่ยวเชิงการแพทย์ทำให้หลายประเทศในภูมิภาค เอเชียตะวันออกเฉียงใต้ รวมถึงประเทศไทยเพื่อนบ้านของไทยอย่าง สิงคโปร์ และมาเลเซียต่างให้ความสนใจ และเข้าแข่งขันในธุรกิจการท่องเที่ยวเชิงการแพทย์ ประเทศไทยมีข้อได้เปรียบเชิงการแข่งขันหลายประการ แต่การจะเป็นประเทศไทยผู้นำในฐานะศูนย์กลางทางด้านการท่องเที่ยวเชิงการแพทย์มีเรื่องง่าย หากประเทศไทย ต้องการขยายส่วนแบ่งทางการตลาดด้านการท่องเที่ยวเชิงการแพทย์ซึ่งมีการขยายตัวอย่างต่อเนื่อง ประเทศไทยยังคงต้องสร้างความเข้มแข็งและกระตุ้นการดำเนินงาน และการทำการตลาด เพื่อดึงดูด นักท่องเที่ยวเชิงการแพทย์เพิ่มมากขึ้น บทความนี้นำเสนอวิเคราะห์โอกาสและความท้าทายของประเทศไทยสู่การเป็นจุดหมายปลายทางด้านการท่องเที่ยวเชิงการแพทย์ซึ่งนำของภูมิภาคอาเซียน ข้อได้เปรียบของประเทศไทยที่จะสร้างโอกาสอันดีสำหรับการเป็นศูนย์กลางการท่องเที่ยวเชิงการแพทย์ ของภูมิภาคอาเซียน ได้แก่ ค่ารักษาพยาบาล บุคลากรทางการแพทย์ที่มีความเชี่ยวชาญ ความหลากหลาย ของผลิตภัณฑ์ทางการท่องเที่ยว การให้บริการแบบไทย โครงสร้างพื้นฐาน และการสนับสนุนของภาครัฐ ด้านการตลาด อย่างไรก็ตามประเทศไทยยังคงเผชิญกับความท้าทายหลายประการ ได้แก่ ความเสี่ยงจาก การรักษาที่ผิดพลาด การขาดแคลนบุคลากรทางการแพทย์ การขาดการสนับสนุนโดยภาครัฐอย่างเพียงพอ และอุปสรรคด้านวัฒนธรรมและภาษา

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1. Introduction

Medical tourism is a rapidly growing industry catering to patients who are willing to travel to international destinations to receive treatment. As a result, there are a growing number of countries competing for medical tourists, and the associated economic benefits. At present, there are 14 million medical tourists who are in search of medical services in countries around the world. It is estimated that the medical tourism sector generates overall revenues of between USD 45.5 - 72 billion. The average medical tourist spending is expected to be USD 3,800-6,000 per visit including the costs of medical procedures, doctor's fees, travelling across country and local transportations, inpatient room costs and accommodation (Patients Beyond Borders, 2017). A recent study by Visa and Oxford Economics reported that the global medical tourism sector is projected to be worth about US\$ 3 trillion by 2025. It is expected to rise 25% year over year for the next ten years. (Medical Tourism Index, 2017). Consequently, medical tourism generates huge revenues to the global economy.

Trade in the health sector would provide developing countries with a competitive opportunity, due to the abundance of low-cost labour and the availability of capital and skills in medicine. The United Nations Conference on Trade and Development (UNCTAD) in 1997, remarked that for the first time, trade in services, especially health services, could be beneficial for developing countries. As a result, a growing number of developing countries have invested in manpower, capital, know - how and the motivation to take part in medical tourism (Bookman & Bookman, 2007). Many developing countries are on a quest to develop a medical tourism industry, and the number of countries promoting themselves as medical tourism destinations continues to grow including countries within the Southeast Asia region. The medical tourism industry of South - East Asia has been growing steadily in the past several years due to high quality medical services and personnel, state - of - the - art medical technologies and competitive medical costs.

Healthcare is one of four service industries that began to be liberalised in 2015 under the ASEAN Economic Community (AEC) scheme. The AEC will alter ASEAN into a region with free movement of goods, services, investment, skilled labour, and the free flow of capital. Within the healthcare service, this will result in an increase in the foreign ownership restrictions for investors who have ASEAN nationality to 70%, and also generate the free movement of skilled labour (ASEAN Secretariat, 2009). According to the Economic and Business Intelligence Center of Siam Commercial Bank (2012), the liberalisation of the services sector will bring stronger competition between nations, as most countries in the ASEAN region believe that the services sector is one of the key economic drivers. In the healthcare sector, there are a growing number of countries competing for medical

tourists. In Southeast Asia, Thailand, Singapore and Malaysia are considered as the main regional hubs for medical tourism, but Indonesia, the Philippines and Vietnam are also interested in promoting their countries as a medical tourism destination, thus potentially offering considerably more competition in the future. (Pocock & Phua, 2011).

A Kasikorn Research Centre report in 2017, stated that medical tourism income from international patients to private hospitals in Thailand, was estimated to be worth between THB48 and THB49 billion in 2017. The income has increased 3% to 4% year-on-year. The number of international patients was estimated to have reached 2.4 million, with another 900,000 hospital visits by expatriates in Thailand. However, the medical tourism market is not regarded as stable and is highly competitive. The number of international patients from the Middle East market has shown a continuous reduction because of a change in healthcare policies in their home countries, and an improvement in the quality and standards of their public health systems. In addition, it has been reported that Thailand faces fierce competition from potential medical tourism providers in both the domestic market, and Asian rivals such as Singapore, Malaysia and South Korea, who are all attempting to become the regional leaders in medical services (Wanwisa Ngamsangchaikit, 2017). In order to attract more medical tourists, gain a larger share of the medical tourism market or even maintain competitiveness, Thailand needs to promote itself as a leading medical tourism destination in the region. The purpose of this article is to discuss the opportunities and challenges that Thailand faces in attempting to become a primary destination for medical tourism in the ASEAN region.

2. The opportunities for Thailand in becoming the medical tourism hub of the ASEAN region

Medical tourism is a relatively recent trend, beginning in the 1990s with the combination of maturing medical care systems in developing countries, increasing medical costs and constrained availability in developed countries (especially the United States and Europe), and falling airfare costs and increasing air travel frequency (Connell, 2011). Prior to these changes, medical tourism was a niche activity, mainly undertaken by patients seeking unusual, unproven or complex surgical treatments (Connell, 2011). However, today it is increasingly common for patients seeking common elective surgeries and even non - surgical treatments, and is driven more by cost concerns than availability (Lunt & Carrera, 2010). It is also increasingly common for tourists to undergo relatively trivial elective procedures, such as minor cosmetic surgeries or dental work, as part of a broader tourism experience (Connell, 2013). Thus, the medical tourism industry is not stable, but is instead in a constant state of change due to the increasingly globalized and borderless medical needs and

industries (Connell, 2013).

In 2017, the financial value of the world medical tourism market reached 2.9 trillion baht, a figure that is expected to grow steadily in the future. Thailand's medical tourism market is also expected to grow significantly. Thailand is currently Asia's principal medical service hub with a market share equal to 38% of the total medical tourism market in Asia. The two main groups of medical tourists are those who need lower cost medical treatment and those who need higher medical care. According to the International Healthcare Research Center (IHRC), Thailand's medical tourism industry is ranked sixth in the world due to its lower medical costs and attractive tourist attractions. The market is expected to grow by about 14% per year, in line with the growth of the number of international tourists visiting Thailand, which is around 12% per year. It is expected that Thailand will have received 4 million international patients during 2017. These numbers of medical tourists reflect the competitiveness of Thailand in comparison to its competitors, especially those competing nations in the ASEAN Economic Community (AEC); Singapore and Malaysia (Tunyaporn Laosophapirom, 2017).

The primary purpose of medical tourism is cost savings (Connell, 2013; Forgione & Smith, 2006). Affordable prices are the key concern for medical tourists, and medical care in Asia is less expensive than in the United States, the Middle East and many other countries. The price for medical procedures in Asia is only 20 percent to 30 percent of that in the United States and the United Kingdom, and numerous developing countries are marketing exceptional quality health care services for a fraction of their costs (Forgione and Smith, 2006). The price of medical procedures offered in Thailand is highly competitive among their competitors in the ASEAN region (see Table 1), and Thailand additionally provides a high standard of medical treatment and services (Rerkrujipimol & Assenov, 2008; Wong, Velasamy & Arshad, 2014). Thailand provides a price benefit in comparison to other potential medical tourism markets. The charges in Singapore are higher than Thailand, for example, primarily because Singapore position themselves as a centre for high-end, complex quality care, while Malaysia also proposes a high quality product at less expensive prices (García - Altés, 2005; Wong, Velasamy & Arshad, 2014), but its focus is mostly on Muslim patients from Indonesia, Brunei and the Middle East (Connell, 2006; Rerkrujipimol & Assenov, 2008).

Table 1 Medical Tourism Compare Prices (In selected countries)

Medical procedure	USA	India	S. Korea	Mexico	Thailand	Vietnam	Malaysia	Singapore
Heart Bypass	\$123,000	\$7,900	\$26,000	\$27,000	\$15,000		\$12,100	\$17,200
Knee	\$35,000	\$6,600	\$17,500	\$12,900	\$14,000	\$8,000	\$7,700	\$16,000
Replacement								
Spinal Fusion	\$110,000	\$10,300	\$16,900	\$15,400	\$9,500	\$6,150	\$6,000	\$12,800
Dental Implant	\$2,500	\$900	\$1,350	\$900	\$1,720		\$1,500	\$2,700
Gastric Sleeve	\$16,500	\$6,000	\$9,950	\$8,900	\$9,900		\$8,400	\$11,500
Breast	\$6,400	\$3,000	\$3,800	\$3,800	\$3,500	\$4,000	\$3,800	\$8,400
Implants								
Rhinoplasty	\$6,500	\$2,400	\$3,980	\$3,800	\$3,300	\$2,100	\$2,200	\$2,200
Face Lift	\$11,000	\$3,500	\$6,000	\$4,900	\$3,950	\$4,150	\$3,550	\$440
Liposuction	\$5,500	\$2,800	\$2,900	\$3,000	\$2,500	\$3,000	\$2,500	\$2,900
Tummy Tuck	\$8,000	\$3,500	\$5,000	\$4,500	\$5,300	\$3,000	\$3,900	\$4,650
Lasik (both eyes)	\$4,000	\$1,000	\$1,700	\$1,900	\$2,310	\$1,720	\$3,450	\$3,800
IVF Treatment	\$12,400	\$2,500	\$7,900	\$5,000	\$4,100		\$6,900	\$14,900

*Costs given in US\$

Source: Medical Tourism Association, 2016.

There are an extensive range of Medical tourism procedures available in Thailand, from various forms of dentistry to cardiac surgery and transplant operations (Connell, 2011). Thailand also has a reputation for providing excellent medical care, and doctors are well-trained to very high standards. This has assisted Thailand in its position as a regional leader in medical tourism (Noree, Hanefield & Smith, 2016). The high-skilled labour available for medical tourism in Thailand is considerably cheaper in comparison with developed countries, and many of those medical personnel have acquired skills through extensive training and experience. Moreover, some physicians who are key players in Thailand's medical tourism industry have received their training and board certification from abroad, mainly from developed nations such as the United States, the United Kingdom, Germany and Japan; Bangkok's Bumrungrad International Hospital boasts having more than 220

United States board-certified physicians (Burkett, 2007; Patients Beyond Borders, 2016).

In order to meet the quality of medical care which is equal to those in developed countries, and strengthen confidence among international patients, a medical or health - care facility in a developing country regularly relies on accreditation standards (Forgione & Smith, 2006). Thus, several hospitals in Thailand, in both the public and private sectors, such as Bumrungrad International Hospital are accredited by the US-based Joint Commission International (JCI). This organization ensures the standards of US hospitals, and Bumrungrad International Hospital was the first hospital in Asia to be JCI-accredited since 2002 (Forgione & Smith, 2006). At present, there are 41 private hospitals in Thailand that attain JCI accreditation (Joint Commission international, 2016). The quality of Thailand's medical services is also certified by other assurance schemes and awards such as the Thailand Hospital Accreditation program (HA), conducted by the Institute of Hospital Quality Improvement & Accreditation, and ISO (Rerkrujipimol & Assenov, 2008). According to a report by the Healthcare Accreditation Institute (2016), there are currently 761 public and private hospitals accredited by HA. Safety and quality are an important concern among international patients.

Thailand is known as a popular tourist destination and its reputation has boosted medical tourism to the extent that tourism provides a partial basis for medical tourism (Burkett, 2007; Connell, 2006). Some of the higher-status hospitals such as Dusit Medical Services, with hospitals in Pattaya, Phuket, Hua Hin, Trat and Koh Samui, are located in the most important tourist destinations (Bangkok Dusit Medical Services, 2016; Connell, 2011). Thailand is renowned as the land of smiles, and it is widely recognized that the country and its people provide a warm welcome to tourists with a unique Thai-style hospitality. International patients are treated with attentive care by trained and qualified staff, which contributes towards generating confidence and trust among international patients, and makes them prefer Thailand as their medical tourism destination (Rerkrujipimol & Assenov, 2008). In addition, health care providers targeting medical tourists are well-trained for their foreign languages efficiency, especially in English. This is an important consideration for medical tourists from the United States and much of Europe, for whom English is their native language or widely understood second language; hospitals such Bumrungrad International Hospital and Bangkok Hospital employ translators to serve as a means of effective communication. Bangkok HospitalPhuket provides interpreters in 15 languages and receives about 20,000 international patients a year; while the famous Bumrungrad International hospital in Bangkok claims to employ 109 interpreters; its entire staff speak English (Bumrungrad, 2016; Connell, 2006).

Further advantages for Thailand over its regional competitors include a well - established infrastructure, and modern privately - owned health facilities. In response to the rising demand for medical tourism, Thailand's international hospitals have developed a reputation for their modern,

high - tech equipment, excellent quality medical care and superior hospitality services (Horowitz & Rosensweig, 2007). Hospitals in Thailand have adopted advanced medical practices, and invested in the latest technological equipment to provide state-of-the-art care to their patients. According to research by MarketWise (2010), medical tourists' satisfaction with medical technologies in Thailand was at a very high level, as well as their satisfaction with medical expertise. Leading private hospitals in Thailand such as Bumrungrad International Hospital, Bangkok Hospital and BNH hospital are located in an environment with a great climate and great tourist attractions, and offer high technology medical equipment and procedures. In addition to these fully developed medical facilities, Thailand also provides modern and convenient infrastructure and superstructure, such as roads, airports and transportation.

The Thai Government considers medical tourism a prime growth factor for the economy. Medical tourism in Thailand has obtained robust and continuous support from the Thai government in positioning itself as an important medical tourism hub within Asia. They have assisted in driving Thailand's medical tourism industry forwards as part of a long - term government strategy, in cooperation with private hospitals, to establish the country as the 'health tourism hub of Asia' since 2004. They have recently launched a strategic plan for developing Thailand as 'a hub of wellness and medical services over a tenyear timeframe from 2016 - 2025'. One of their aims is to elevate the quality of medical care, and encourage private hospitals to achieve JCI accreditation (Thailand Board of Investment, 2016). The Thai government agencies, including the Ministry of Public Health, the Ministry of Foreign Affairs, the Department of Export Promotion and the Tourism Authority of Thailand provide assistance to Thai hospitals by organizing promotions such as annual trade shows, exhibitions and seminars to promote medical tourism to international markets (Rerkrujipimol & Assenov, 2008).

The challenges for Thailand in becoming the medical tourism hub of the ASEAN region

There are authors who believe the level and quality of health care offered by destination hospitals is a major concern, (Burkett, 2007; Bies & Zacharia, 2007). The authors argue that medical risks are undertaken because of the possibility that hospitals in developing nations are not fully equipped with all necessary equipment. Moreover, it is believed that there is a greater risk of medical malpractice in the growing development of medical tourism, because many countries outside the United States have less stringent laws against medical malpractice. Malpractice laws in developing countries are weak when compared with those in developed countries (Reddy, York & Brannon, 2010). Risk also arises from the potential lack of accreditation of foreign hospitals. Although many hospitals are accredited by the JCI and accreditation standards, there is a crucial factor for evaluating

the quality of care provided by a foreign hospital facility (Smith & Forgione, 2007). Burkett (2007) believes that neither a physician's training nor an international hospital's accreditation are consistent from one destination country to another, so the possibility of a potential medical tourist using higher-risk services is greatly increased. The average malpractice recovery in Thailand is roughly US\$2,500, about 0.8 percent of the U.S. average (Cortez, 2012).

One of the biggest obstacles that the medical tourism industry in developing nations such as Thailand faces, is the challenge of convincing potential patients from alternative countries that the medical care provided is comparable with the quality of care available in their home country, in terms of both outcome and safety standards. The authors, Bies & Zacharia, (2007) and Johnston et al. (2010) state that the destination image of developing countries as a medical tourism destination can imply a lesser quality in both products and services. This statement is consistent with the research of Rerkrujipimol and Assenov (2008), who found that most comments from Western respondents, especially those who have never visited Thailand before, consider Thailand as a developing country. Therefore, there is often the failure on these respondents to recognise the availability of high quality medical care in comparison to Singapore, for example, with its positive image of modern high living standards.

Another controversial issue of Thailand's medical tourism industry is in reference to the perceived 'brain drain' of qualified and experienced medical personnel. Thailand has faced complications over a shortage of doctors, with only 3.9 doctors per 10,000 people. In contrast, Singapore has 19.2 doctors, Malaysia 12 doctors, and Vietnam 12.2 doctors per 10,000 people (World Health Organization, 2017). In comparative terms, the number of physicians in Singapore, Malaysia and Vietnam are higher than Thailand. This situation only helps to strengthen the competitive advantage of Singapore, Malaysia and Vietnam, while the shortage of physicians becomes the challenge for Thailand.

The author, Hazarika (2009), questioned if the rapid growth of medical tourism could pose potential threats to already crippled public health systems, and believes that medical tourism can create greater levels of inequality within these health systems. It is widely accepted that the private sector is a prime employer of health personnel, who were predominantly trained in public health institutes. The further expansion in this sector due to medical tourism could stimulate the internal 'brain drain', as high-quality health care professionals leave the public health care segment to join the private sector due to its higher pay and superior infrastructure. This could result in an increased shortage of trained and skilled health professionals, and ultimately an important reason for potentially poor service delivery in the public sector health industry in the future (Hazarika, 2009). At present in Thailand, the public health sector is experiencing this 'brain drain'. Previously, physicians

wanted to work overseas in order to earn higher incomes, but now it is not necessary to leave the country. Instead, they have the ambition and desire to work for the private hospitals who can offer them significant increases in salary and lifestyle, with income ten to twenty times greater than those provided by the public health sector.

In most medical tourism destination countries, there is already a shortage of physicians due to the business model of medical tourism. It causes negative effects on the host country's population, particularly the poor, who are pushed further down the queue to receive adequate, affordable health care (Gray & Poland, 2008). Technology driven tertiary care for foreigners also has an impact on basic health care for citizens in developing countries. It has been suggested that the effect of medical tourism has distorted the health care landscape of the host countries, which has resulted in providing disadvantages to people in countries such as Thailand and India (Leahy, 2008). The research of NaRanong and NaRanong (2011), highlights the issue of providing medical services for 420,000 to 500,000 medical tourists annually, while employing the same number of health - care staff, inevitably causes the negative impacts of a shortage of physicians, and increased medical fees for self-paying Thais. In the long term, it also affects the education and therefore the potential for producing more doctors and health professionals, because most medical schools are based in public universities.

Research has been undertaken on the role of government, and it is widely believed that the Thai government has not done enough in supporting private organisations to boost the growth of the medical tourism business. In contrast to Malaysia and Singapore, Thailand still has no central organisation to publicise useful information on health care services to medical tourists (Rerkrujipimol & Assenov, 2008). Malaysia and Singapore have generated administrative structures to coordinate and organise various efforts to develop the medical tourism industry, with both countries forming organisations that have direct responsibility for promotion and marketing. The Malaysian government also provides tax incentives to support the development of medical tourism, whereby Malaysian private hospitals can claim a double deduction for their expenditure on the promotion of their services abroad (Chee, 2010).

Cultural and language barriers are another concern, and can make communication between foreign medical tourists and physicians and nurses an unsatisfactory experience. Miscommunication and misunderstandings can occur on behalf of the patient and the care provider (Ben - Natan, Ben - Sefer & Ehrenfeld, 2009). Some Asian cultures rely more on hints and subtleties to communicate, and physicians in some Asian countries are regarded as authority figures who are rarely questioned. This is in direct contrast with North American patients, for example, who are used to speaking more directly with their physicians, often questioning their knowledge and judgment, and expecting

straightforward answers. While English is widely spoken in Singapore, the Philippines and Malaysia, language communication skills are considered a persistent problem in Thailand, with most concerns over language communication skills lying with nursing, reception and other relevant staff (Wong, Velasamy & Arshad, 2014). This challenge for Thailand to overcome is supported by the research of Rekrupijipol and Assenov (2008), while insufficient knowledge of regional languages such as Mandarin and Indonesian will also become a major disadvantage to Thailand with the integration of the AEC (Amornvivat, 2012).

3. Conclusion

The primary purpose of this article is to analyse the opportunities and challenges that Thailand faces in becoming a leading medical tourism destination in the ASEAN region. Medical tourism is a rapidly growing industry, and is regarded as being highly beneficial to developing nations such as Thailand, who have the capability to provide quality medical facilities and experienced medical personnel, together with a highly attractive tourism infrastructure. Thailand, Singapore and Malaysia are currently considered as the principal medical tourism hubs in South East Asia, but additional nations in the region such as Vietnam and The Philippines are eager to develop their own medical tourism industry. The economic benefits and development opportunities that can arise from successfully providing medical services to tourists, has resulted in global medical tourism being an industry with a highly competitive nature. It is therefore essential that Thailand highlights precisely how the country is different from alternative destinations, and show why it is a more desirable and attractive medical tourism destination than rival countries in the region for the potentially immense medical tourism market.

It can be seen that Thailand has numerous capabilities and resources. The tourist infrastructure, together with the variety of natural and cultural attractions that exist within Thailand are globally renowned and attract visitors from around the world, but Thailand also offers numerous advantages for the potential medical tourist. Medical tourism services are financially highly competitive, with Thailand offering less expensive medical procedures than the health care sector in developed nations, and price benefits in comparison with neighbouring ASEAN nations such as Singapore. In addition, Thailand provides high quality medical and health care facilities, and highly experienced and qualified medical personnel. These resources provide immense opportunities for Thailand to compete in the international market. Thailand has clearly achieved some competitive advantage over its medical tourism competitors, and through co-operation between the Thai government and private health care providers, has developed a successful medical tourism product.

However, there are numerous barriers that can potentially affect future growth of the medical tourism industry in this country. There is the necessity to analyse whether Thailand's success to date is truly sustainable for the future. While the numbers of medical tourists and medical procedures performed continues to grow annually, there is also an increasing and diverse number of potential destinations competing to offer medical services to tourists, and it's debatable if Thailand has the ability to continuously attract growing numbers of medical tourists in the face of this developing competition from other nations in the region. Financially competitive products and services are important, but concern over political instability within a country, or a perceived knowledge of polluted environments caused by overcrowding or traffic congestion in tourist cities and resorts can have negative impacts on the destination image for the potential medical tourist. It is also questionable whether the Thai government has strong enough policies to encourage growth and development of the medical tourism industry in comparison to some competitors in the region, most notably Singapore and Malaysia. There is also concern over the impacts the medical tourism industry has on the local population. It has been acknowledged that Thailand suffers from an insufficient number of medical personnel in comparison to several other countries in the region, which is having a negative effect on large numbers of the population who find medical staff and facilities are being used to provide medical services to tourists, leaving both staff and facilities either unavailable or unaffordable to a local person. This growing inequality within the Thai health care sector could potentially have negative implications for Thailand and its quest to become a leading medical hub in the ASEAN region.

In order to accomplish its goal of becoming the principal medical hub of the ASEAN region, Thailand needs to overcome the challenges posed by the increasing competition from rival countries for the growing number of potential medical tourists. Thailand also needs to ensure its medical tourism products and services remain competitive, and overcome factors including risks surrounding potential medical malpractice, the shortage of medical staff and insufficient levels of government involvement, while offering an improvement in cultural and language barriers, an important issue that Thailand has continuously struggled to overcome in comparison with nations such as Singapore and Malaysia. However, despite these numerous challenges, there are enormous opportunities for Thailand to further develop a successful medical tourism industry. The impressive medical facilities, high levels of medical care and a unique culture and environment combine to make the country an attractive destination for medical tourists. Alongside nations such as Singapore and Malaysia, Thailand can be the leading medical tourism hub in the ASEAN region.

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