

1. Introduction

In the past, trend of medical care was flow from developed countries to the developing countries in several aspects such as medical education, medical technology and so on. However, globalizing trend and technological breakthrough encourage medical industry of the major developing countries to improve significantly and effectively. Therefore, medical tourism exists in aiming for the patients in developed countries to travel internationally for medical purposes. Thailand is one of the most successful developing countries that able to provide world class medical standard in accordance with reasonable costs, in addition Thailand also considered as a top tourist destination for several years. Therefore, Thailand ranked within top-ten famous medical tourism destinations and one of the Thai private hospital also experienced 6th rank of the world's best hospitals for medical tourism 2013 by MTQUA.

Recently, the advantages and disadvantages of medical tourism have been reviewed extensively in terms of benefits on international patients, hospital, destination country, and the risks of medical travelling. However, few researches focused on the effects on patients and citizens of destination countries, in that Thailand, currently, still experience inequality problem of medical services between the high and low income citizen. Therefore, the paper crucially aims to investigate on “will the inflow of medical tourism will affect local patient in case of Thailand?”

More importantly, the findings of this paper would be beneficial to the related key players, namely international patients, destination countries, medical industry, tourism industry and finally the local patients and citizens. The key players would acknowledge these findings in order to support the decision makings, for instance, Thai government might review the policies on how to balance the benefits of both international tourist and local patient.

2. Objectives

Currently, Thailand medical tourism seems popular in international patient's views resulted influx of medical tourists annually. However, the effects and benefits of local patients are unclear, thus, the paper aim to compare the costs between the medical tourists and local patients under the similar treatment, analyze whether the increasing trend of medical tourism in Thailand impose any costs to local people, utilize medical resources inefficiently and to ensure that the strong enforcement of medical tourism's policy in Thailand are not mislead. Moreover, Thailand and other countries that shared similar situations, namely Malaysia and Singapore, should be able to review these findings as well.

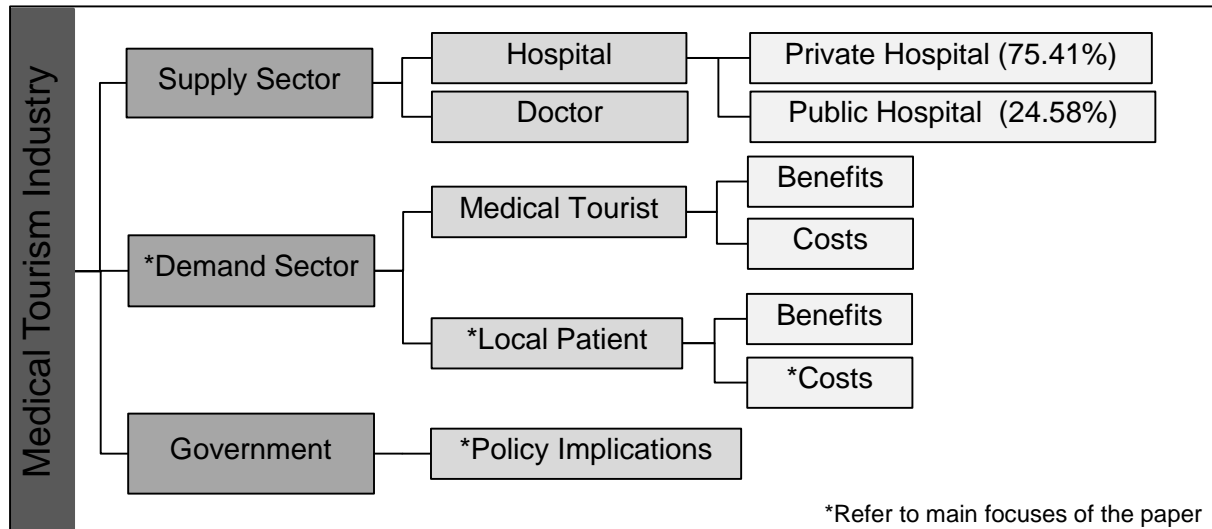
3. Literature Reviews

Presently, medical industry or healthcare industry in Thailand develops its significant contribution to the economy and society, as well as, tourism industry that also play as a key indicator on Thai economy for several years. M. Z. Bookman & K. R. Bookman (2007) stated that both health and tourism are an integral part of transnational economic activity associated. Thailand has comparative advantages in both industries relative to many other countries whether or not shared the similar continent. In addition, government policies also play an important role in determining the direction of moving forward. Therefore, the emergence of medical tourism in Thailand remark a crucial turning point to the number of parties and sectors , namely, international tourists, Thailand as destination place, medical industry, tourism industry, local patients and so on.

Figure 1 depicted below present the simple structure of Thai medical tourism industry, including demand sector, supply sector, government sector and so on. However, this paper is mainly focused on the effects, especially on the costs side, of local patients on the demand

sector, and finally will suggest the policy implications. The contents of each sectors will be discussed accordingly.

Figure1: Structure of Thai Medical Tourism Industry



3.1 Definitions of Medical Tourism

Different papers define the term medical tourism differently, yet constant a core meaning. Carrera & Bridges (2006) defined as the organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention, while Pocock & Phua (2011) defined medical tourism more broadly as the organized travel outside one's local environment for the maintenance, enhancement or restoration of the individual's wellbeing in mind and body. For more simplicity, Bennie (2014) defined as the behavior that patients travel internationally to receive treatment.

3.2 Medical Tourism Industry in Thailand

Historically, medical tourism emerged in Thailand on a small scale since 1970s, despite that the term medical tourism had not yet been realized (Cohen, 2006). However, the 1997 Asian Financial Crisis was a turning point of medical tourism for Thailand as it officially started to promote medical tourism (Herberholz & Supakankunti, 2013). Currently, Thailand is one of the top medical tourist destinations and Herberholz & Supakankunti (2013) figure out that

Thailand has 988 public hospitals which 11 are medical schools hospitals, 25 are regional hospitals, 61 are specialized hospitals, 97 are general hospitals, 734 are community hospitals and finally 322 are private hospital. According to Joint Commission International Organization, interestingly that , in 2013, There are 40 of overall hospitals in Thailand have been passed JCI (Joint Commission International) to be accredited hospitals, compared to 21 in Singapore and 13 in Malaysia. The numbers of hospital grow significantly during the past decade mainly due to financial liberalization and huge capital inflows in 1990. However, Herberholz & Supakankunti (2013) explain that the dominant players of Thai medical tourism are private hospital as portrayed in table 1 on appendix section. Table 1 present the percentage number of medical tourist per total patients per particular medical tourism hospital. The highest percentage hospital are Piyavet Hospital (36%), followed Bumrungrad Hospital (31%) and Bangkok Samui Hospital (28%). However, when consider the total number of medical tourist patient, the ranking will be changed as followed, Bumrungrad Hospital (368,280), Bangkok Hospital (84,816) and Piyavate Hospital (68,040). These figures imply that the more number of medical tourist patients, the less number of Thai patients available in those hospitals that could imply the effects of inflow of medical tourism on local patient which will be discussed in the later section.

3.3 Demand of Medical Tourism

The demand side of medical tourism includes the determinants for medical tourism and who are the medical tourists. There are varieties of determinants that encourage people to become the medical tourist, namely, Bennie (2014) provides six reasons to have medical treatment abroad which are receiving specific medical treatments that do not exist in home country, accessing to immediate and urgent medical care, receiving low-cost medical services, accessing to treatment not covered by their health insurance, purchasing less expensive prescription of drug and ,finally, purchasing medical procedures not approved in home country.

More specifically, C. M. Karuppan & M. Karuppan (2011) also concludes the determinants and justify individually by its impacts by followed; cost saving and difficulty of accessing to procedure have a positive impact, insurance status have a moderate impact, and risk of procedure have a moderator impact. However, for more economics reasons, M. Z. Bookman & K. R. Bookman (2007) formulate that the determinants are the income which exhibit positive relationship between income and tourism, taste, propensity for medical tourism, expectations related to future medical or travelling price, cultural affinity, distance, specialization and reputation of destination country. Hence, to define who the medical tourists are, Cohen (2006) defined as an individual whose visit to the host country includes both tourism and medical treatment, more specifically C. M. Karuppan & M. Karuppan (2011) categorized U.S. medical tourists narrowly into three groups which are uninsured or underinsured individuals, cosmetic surgery patients and individual who seek easier access to some restricted procedures.

3.4 Supply of Medical Tourism

On the supply side, numerous papers classified supply side into the state, public and private health providers. The state or government play a vital role in conducting policy to promote medical tourism, especially that , in 2004, Thai government extensively initiated to promote medical tourism and target Thailand as medical hub (Cohen 2006).

As mentioned earlier that, in Thai market, private hospitals play more dominant role relative to the public hospitals in serving international tourists .M. Z. Bookman & K. R. Bookman (2007) mentioned that the private sector has traditionally been stronger than the public sector in services area, so it comes as no surprise that it dominates in the tourism industry, also Bennie (2014) asserts that private hospital in developing countries usually offered accommodations and amenities that more closely resemble a spa, resort, or five-star hotel which better than hospital in U.S . However, the statistics depicted in table 2 present that Thailand, currently, faced doctor deficit problem by having three doctors supply per 10,000

populations which is dramatically lower than those developed country or even lower than Thailand's main competitors in serving medical tourism industry, namely Singapore and Malaysia. However, the scope of this paper aims to focus more on demand side.

3.5 Economic Impacts from Medical Tourism

The extent to which the effects and influences to be considered, A. Naranog & V. Naranong (2011) illustrates that the effects of medical tourism contribution are realized in terms of revenues from medical services and value added generated from activities related to tourism which included before and after treatment. In year 2008, the revenue generated from medical tourism in Thailand is 49 billion baht on average, plus 12.5 billion baht generated from related tourism industry. Moreover, M. Z. Bookman & K. R. Bookman (2007) has illustrated the benefits gains from medical tourism in developing countries by several aspects, namely, competitive cost of medical services to gain competitiveness in terms of high quality service with reasonable price, advantages on human capital as education and skills are crucial determinants of productivity, improvement on research and development, developed of infrastructure, developed legal and political institutions, the confluence of high-tech medicine, traditional Healing, and tourist Appeal.

However, many advantages could not be adopted and still be questionable to consider in the case of Thailand. According to A. Naranog & V. Naranong (2011), the medical tourism could also drive domestic healthcare price especially in private hospitals, even though the higher price could viewed as additional revenues from the inflow of foreign demand for Thai healthcare services, plus, medical tourism could also impose barriers for Thai middle-income people to have a treatment at high-end private hospital. Chen, Y.B., & Flood, C.M. (2013) also reveals that most of the benefits resulted from medical tourism are centered in private institutions only. In addition, there is some crucial observations that the developed middle-income tourists usually have higher purchasing power than those in the destination countries

which usually are developing countries people. Therefore, these arguments are the main focuses of this paper to investigate whether the local or medical tourists will benefit more from medical tourism in the case of Thailand.

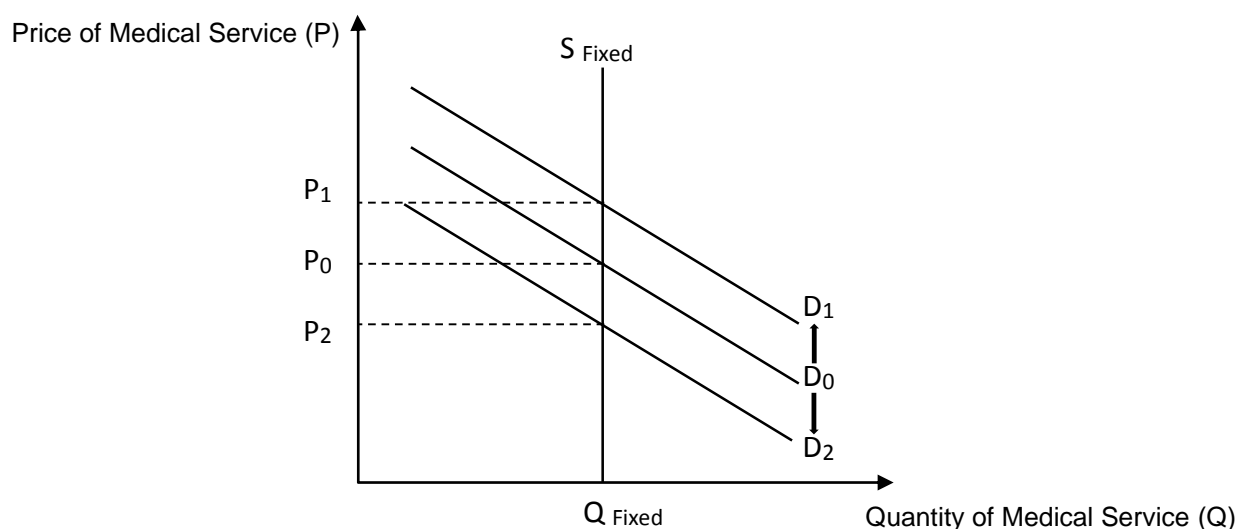
4. Theoretical Framework

This paper employ two major theoretical frameworks and theory which are demand-supply framework analysis and theory of purchasing power parity to describe the current situation of medical service industry in Thailand.

4.1 Demand and Supply of Thai Medical Services Framework

According to the current situation of medical supply in Thailand, mentioned earlier, that Thailand facing doctor deficit problem and the assumption that hospital expansion are limited due to extensively high fixed cost. Hence, concluding that the supply of medical services in Thailand are fixed for simplicity. Figure 2 displays the market of Thai medical market complied with demand and supply of medical services. The limited supply of medical service is represented by vertical supply curve, S_{Fixed} , as shown in figure 2 that intersects with the demand of medical services, D , where the equilibrium medical price and medical quantity provided are P_0 and Q_{Fixed} respectively.

Figure 2 Market of Medical Services in Thailand



In this case, theoretically, the price of medical services is solely determined by the demand of medical services. For example, when demand of Thai medical services increase from D_0 to D_1 due to the inflow of medical tourism, the price of medical domestic medical services will increase from P_0 to P_1 as shown in the figure 2 and vice versa. Remark that this model assumed the supply of medical services is fixed as an extreme case for simplicity, however, in reality the supply of medical services in Thailand is not vertically shaped but seems to be very inelastic.

4.2 Purchasing Power Parity Theory

According to the facts mentioned earlier that the purchasing power of medical tourist and Thai local patient are unequal. Hence, purchasing power parity conversion factor are employ to conduct an effective comparative study in comparing price of medical services between the group of different purchasing power. The paper obtained the purchasing power parity conversion factor of Thailand to U.S.A in 2013 from the World Bank Organization.

Due to World Bank organization, the purchasing power conversion factor of Thailand to U.S.A defined as the number of Thai Baht required to purchase the same amount of goods and services, in this case is medical services, in Thailand as U.S. Dollar would buy in the United States. Therefore, after conversion factors applied, the purchasing power of Thai patient and medical tourist will assume to be equal which will be discuss further in later section.

5. Methodology

The paper initiated by conducting meta-analysis, finding relevant literatures and articles to generate theoretical background. Afterward, the paper will investigate on useful statistics, namely, the higher demand of medical procedures in Thailand, the lower demand of medical tourism procedures in Thailand that the medical tourist willing to travel for, and conduct comparative study by investigating whether the results fit with the trend of Thai patients.

According to the final report of Thai medical tourism conducted by MarketWise (2011), the two selected procedures to be analyzed are cardiac procedure and total knee replacement. The statistics present that large number of medical tourist travel for specialized procedures, namely cardiac procedure (higher demand), relatively more than total knee replacement (lower demand). However, both of the procedures are not the highest and the lowest one, yet due to limitation of data, both of them are the well representative of the two scenarios to be analyzed.

Then the paper will compare the medical expenses in terms of medical prices of the two procedures so as to express the core question that whether the local will benefit from the influx medical tourism or not. By doing these, the paper will separate the cost analysis in term of medical price into two cases which are the case of medical tourists and Thai patients, and finally will compare the prices of these two cases as depicted in the figure 2,3 and 4 accordingly.

Case 1: Medical Tourist

The medical price will be calculated based on Purchasing Power Parity (PPP) concept in order to compare with the costs of Thai patient in Thai Baht effectively and meaningfully. Firstly, the paper obtained the medical price of Cardiac Procedure and Total Knee replacement which are \$13,374 and \$12,297 respectively from secondary data shown in table 3 in appendix section. However, the purchasing power of foreigners and Thai patient are different saying that the middle-high income medical tourists usually have higher purchasing power than middle-high income Thai patient. Then, the paper obtain the purchasing power parity conversion factor of Thailand relative to USA in 2013 which is 12.34 from the World Bank Organization and multiply with the medical tourist averaged nominal price in USD term so as to figure out medical tourist average price in PPP term as depicted in figure 3. The PPP medical tourist price will be the better indicator in comparing prices after the purchasing power of medical tourists and Thai patients are assumed to adjust equally. Note that in this paper will assume to use USA

as a benchmark to obtain PPP conversion factor since the medical tourism prices are realized in USD currency.

Figure 3: Medical Tourist Average Price in PPP term

Case 1 : Medical Tourist					
Selected Procedures (a)	Medical Tourist Averaged Nominal Price in USD ¹ (b)	Average Exchange Rate USD/THB (c)	Medical Tourist Averaged Nominal Price in THB (d) = (b) x (c)	Purchasing Power Parity conversion Factor of Thailand relative to USA in 2013 ² (e)	PPP Medical Tourist Average Price (f) = (b) x (e)
Cardiac Procedure	13,373.67	30	401,210	12.34	165,031.05
Total Knee Replacement	12,297.00	30	368,910	12.34	151,744.98

Sources: ¹ <http://www.medicaltourism.com> (2013)

² <http://data.worldbank.org/indicator/PA.NUS.PPP> (2013)

Case2: Thai Patient

As mentioned earlier that the two procedures are selected to be the case study of this paper. The paper calculate medical price of cardiac procedure and total knee replacement by dividing overall medical expenses of the particular procedure (Price x Quantity) by the overall number of patient of that particular procedure (Q), and finally will figure out the preliminary estimation of each medical price (P) in term of THB as depicted in figure 4.

Figure 4: Thai Patient Average Price in THB

Case 2 : Thai Patient			
Selected Procedures	Overall Medical Expenses in THB (a)	Overall Number of Patients (b)	Average Price in THB (c) = (a) / (b)
Cardiac Procedure	154,846,000,000.00 ³	567,959.00 ⁵	272,635.88
Total Knee Replacement	159,987,099.00 ⁴	2,250.00 ⁶	71,105.38

Sources: ³ Bureau of Policy and Strategy, Ministry of Health (2010)

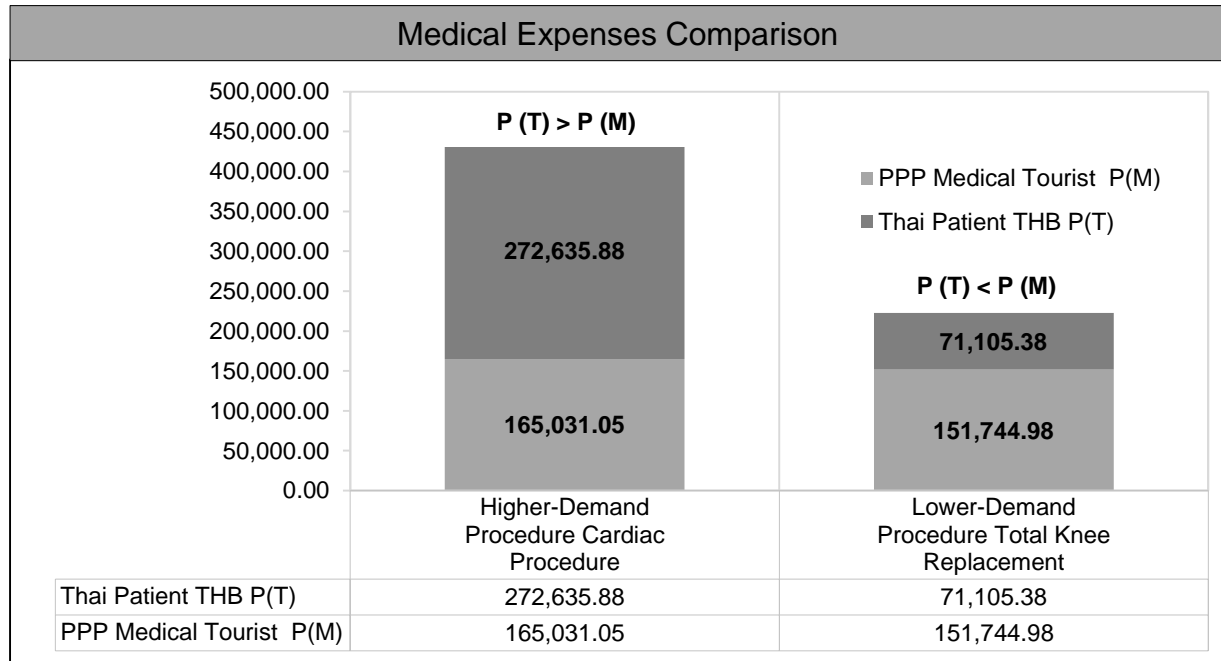
⁴ <http://www.hitap.net/documents> (2011)

⁵ Bureau of Policy and Strategy, Ministry of Health (2012)

⁶ <http://www.klanghospital.go.th> (2008)

Finally, after obtained the Cardiac procedure price and Total Knee Replacement price of both medical tourist and Thai patient from figure 3 and 4. The paper will compare the costs of these two procedures and analyze whether the local patient will be benefit under which conditions as depicted in figure 5, providing simplistic version of the expenses comparison.

Figure 5: Medical Expenses Comparison between Medical Tourist and Thai Patient



6. Data Analysis

This section will discuss the results obtained from methodology, and literature reviews. Then, will interpret the results, answer the research question and provide the reasons behind.

The results will be classified into two scenarios for the sake simplicity. Scenario 1 will be discussed on the case of higher demand procedure and scenario 2 will be discussed on the case of lower demand procedure.

Scenario 1: Case of Higher Demand Procedure (Cardiac Procedure)

According to the finding in figure 5, Thai patient have to bare higher costs of treatment in the case of higher demand procedure (Cardiac procedure) as depicted empirically that Thai patient paid 272,635.88 THB which greater than the price that medical tourist paid which is

165,031.05 THB after purchasing power adjusted. The medical tourist view that the procedure price in Thailand is relative lower than the price faced in their country which considered as the major reason for aboard medical travelling, however, the higher price that Thai patient faced should be viewed that, actually, Thai patients supposed to pay at lower price than the current price than viewing that medical tourist pay at lower price. The lower price that medical tourists faced will influence the influx of medical tourist with limited supply of medical services in Thailand, theoretically and practically, will explain the phenomena that domestic health care driven up, as shown in figure 2, and also create barriers to domestic health care usages which will be extensively discussed in later section. Hence, the results imply that the number of patient or the inflow of medical tourist do have effect on domestic medical price.

Scenario 2: Case of Lower Demand Procedure (Total Knee Replacement)

According to the finding in figure 5, Thai patient have less likely to bare costs of treatment in the case of lower demand procedure (Total Knee Replacement) as depicted empirically that Thai patient paid 71,105.38 THB which is lower than the price that medical tourist paid which is 151,744.98 THB after purchasing power adjusted. Medical tourist still view that price of lower demand procedure (Total knee Replacement) is lower than the price faced in original country, however, the price of this procedure might not be as cheap as the price of higher demand procedure such that could be explain why the demand of this procedure (Total Knee Replacement) is lower than Cardiac procedure. Note that this is one of the implication factors, however, there are other factors as well such as specialization, relative price of other destination countries and so on that determine the ranking of procedure.

Therefore, from the two analysis, the paper can infer that the inflow of medical tourist do have effects on Thai local patient in terms of driving up medical costs. To analyze the effects on Thai patient more extensively. The paper will define the costs, mentioned in previous

paragraph, into two terms which are money value term and medical resources term, namely physicians, hospital, hospital facilities, medical waiting time and so on.

The paper assert that the inflow of medical tourism drive up domestic medical costs with two major possible reasons. First, the mismatch between the demand and supply of medical services that the relatively lower medical price in Thailand induce the medical tourist to travel. The increasing demand for medical tourist under limited supply will drive up medical prices. However, the private hospital users will incur more price effects than the public hospital users. Second, the medical tourism providers, which in Thailand are mainly dominated by private hospital, have to invest and upgrade extensively on medical resources aim to attract the international tourist. Most of the major medical costs are well-known and specialized physicians, high language ability nurse and hospital staffs, huge investment on medical technology, investment on hospital facilities as hospital plus hotel feature, as well as high budget to achieve JCI accreditation.

More importantly those costs of investment are shared among medical tourist and Thai patients, however, the medical tourist and the medical tourist providers are those who receive larger portion of the benefits.

7. Concluding Remarks and Policy Implications

The effects resulted from the recent inflow of medical tourism on Thai patients are examined. The inflow of medical tourism, in case of Thailand, do have effects on Thai patients in term of driving domestic medical costs and competing medical resources usages. Summarizing that for the private healthcare user would incur price effect, medical resources usage effect, on the other hand, the public healthcare user would incur less price effect but will face more difficulty in accessing to quality healthcare due to, for example, brain drain problem that the physicians will flow from lower paid to higher paid. The two tier medical system in

Thailand is still questionable that the policy planner have to tradeoff between the extra revenues gained from medical tourism through various sectors, namely healthcare sector, tourism sectors, local business, with the implicit and explicit costs faced by local Patient. However, the proper policy could reduce the opportunity cost of this tradeoff.

The paper suggests that proper policy implications could alleviate the gap of two-tier health care system in Thailand by the following. (1) Match supply with the increasing demand by increasing number of quality doctors in the market, by using more private institutions in helping produce doctors since there are several private hospitals in Thailand that have potential namely the 37 JCI accredited hospitals, inflow of foreign doctors after AEC, or import foreign doctors in case that cost of producing domestic doctor is higher. (2) Create more cooperation between private and public institutions, the transfer of technology, research and development, should be well maintained to upgrade the industry as a whole. (3) The private institutions should allocate and share abnormal profits to the public healthcare shortage more efficiently and effectively which should be regulated from the government.

Remark that this paper could potentially portray only the trends and implications of the inflow of medical tourism in Thailand, however, it is not the exact indicator due to the following reasons: limitations of the research, namely the lack of information from the producer sectors and government data, the two selected procedures are sufficient to describe the trends but insufficient to conclude the whole story , plus there still be other factors that affect domestic health care prices in Thailand, despite that inflow of medical tourism is one of the key factor. There still have the room for further study to be more specific, for example, taking more number of procedures to be analyze, taking other factors into account in the model and so on. However, the paper ensure that it could be useful for the government and related sectors in shaping healthcare policy, moreover, the countries that shared similar situations as Thailand could review and apply as the case study for the further applications.

Appendix

Table 1: Percentage of Medical Tourist per Total Patients of the top hospitals

Hospital	Number of Total Patient			Number of International Patient	Percentage of International Patient per Total Patient	Number of Medical Tourist Patient			Percentage of Medical Tourist per Total Patients
	OPD	IPD	Total			Direct Fly-In	Tourist	Total	
Bumrungrad International	1,080,000.00	108,000.00	1,188,000.00	475,200.00	40.00%	249,480.00	118,800.00	368,280.00	31.00%
Bangkok Hospital	684,000.00	22,800.00	706,800.00	148,428.00	21.00%	84,816.00		84,816.00	12.00%
Piyavate Hospital	180,000.00	9,000.00	189,000.00	75,600.00	40.00%	60,480.00	7,560.00	68,040.00	36.00%
Yanhee Hospital	360,000.00	7,200.00	367,200.00	110,160.00	30.00%	33,048.00	33,048.00	66,096.00	18.00%
Samitivej Hospital	540,000.00	540,000.00	1,080,000.00	410,400.00	38.00%	21,600.00	21,600.00	43,200.00	4.00%
Bangkok Phuket Hospital	234,720.00	48,000.00	282,720.00	81,989.00	29.00%	5,655.00	33,927.00	39,582.00	14.00%
Krung Siam St.Carlos Medical Centre	360,000.00	320.00	360,320.00	36,432.00	10.11%	728.00	34,975.00	35,703.00	9.91%
Phayathai 2 Hospital	480,000.00	5,760.00	485,760.00	48,576.00	10.00%	14,573.00	9,715.00	24,288.00	5.00%
BNH Hospital	294,000.00	8,400.00	302,400.00	90,720.00	30.00%	9,072.00	15,120.00	24,192.00	8.00%
Saint Louis Hospital	252,000.00	3,024.00	255,024.00	25,503.00	10.00%	12,752.00	6,376.00	19,128.00	7.50%
Phayathai 1 Hospital	420,000.00	5,040.00	425,040.00	21,252.00	5.00%	8,501.00	8,501.00	17,002.00	4.00%
Samitivej Sriracha Hospital	240,000.00	12,000.00	252,000.00	128,520.00	51.00%	2,520.00	12,600.00	15,120.00	6.00%
Pharam 9 Hospital	360,000.00	10,800.00	370,800.00	37,080.00	10.00%	3,708.00	9,270.00	12,978.00	3.50%
Bangkok Samui Hospital	36,000.00	2,400.00	38,400.00	15,360.00	40.00%	384.00	10,368.00	10,752.00	28.00%

Source: MarketWise Ltd., Final Report : The Study of Increasing Potential of Medical Tourism in Thailand (2011)

Table 2: Number of doctor per 10,000 populations

	Ranking	Country	Number of Doctors per 10,000 population
Developed Country	1	Denmark	34.2
	2	U.S.A	26.7
	3	Japan	20.6
Southeast Asia	1	Singapore	18.3
	2	Vietnam	12.2
	3	Philippines	11.5
	4	Malaysia	9.4
	5	Myanmar	4.6
	6	Thailand	3.0
	7	Laos	2.7
	8	Indonesia	2.3

Source: World Health Organization (2011)

Table 3: Medical Tourism Price

Procedures	Cost in U.S.A (\$)	Cost in Thailand (\$)	Cost in Thailand (฿)
Heart Bypass	144,000.00	15,121.00	498,236.95
Angioplasty	57,000.00	3,788.00	124,814.60
Heart Valve replacement	170,000.00	21,212.00	698,935.40
Hip Replacement	50,000.00	7,879.00	259,613.05
Hip Resurfacing	50,000.00	15,152.00	499,258.40
Knee replacement	50,000.00	12,297.00	405,186.15
Spinal Fusion	100,000.00	9,091.00	299,548.45
Dental Implants	2,800.00	3,636.00	119,806.20
Lap Band	30,000.00	11,515.00	379,419.25
Breast Implants	10,000.00	2,727.00	89,854.65
Rhinoplasty	8,000.00	3,901.00	128,537.95
Face Lift	15,000.00	3,697.00	121,816.15
Hysterectomy	15,000.00	2,727.00	89,854.65
Gastric Sleeve	28,700.00	13,636.00	449,306.20
Gastic Bypass	32,972.00	16,667.00	549,177.65
Liposuction	9,000.00	2,303.00	75,883.85
Tummy Tuck	9,750.00	5,000.00	164,750.00
Lasik	4,400.00	1,818.00	59,903.10
Cornea	N/A	1,800.00	59,310.00
Retina	N/A	4,242.00	139,773.90
IVF Treatment	N/A	9,091.00	299,548.45

Source: www.medicaltourism.com (2013)

References

- Bennie, R. (2014). Medical Tourism: A Look at How Medical Outsourcing Can Reshape Health Care. *Texas International Law Journal*, 49(3), 583-600.
- Bookman, M. Z., & Bookman, K. R. (2007). *Medical tourism in developing countries*. Basingstoke: Palgrave Macmillan.
- Carrera, P. M., & Bridges, J.F. (2006). Globalization and Healthcare: Understanding Health and Medical Tourism. *Expert Review of Pharmacoeconomics and Outcomes Research*, (4), 447-54.
- Chen, Y.B., & Flood, C.M. (2013). Medical Tourism's Impact on Health Care Equity and Access in Low-and Middle-Income Countries: Making the Case for Regulation. *Journal of Law, Medicine & Ethics*, 41(1), 286-300.
- Cohen, L. G. (2011). Medical Tourism, Access to Health Care, and Global Justice. *Virginia Journal of International Law*, 521.
- Committee of Private Hospital of Thailand (2012). The Direction of Private Hospital? The Potential of Private Hospital in ASEAN. *The 33rd Anniversary of Thai Private Hospital*, 24-29.
- Connell, J. (2006). Medical Tourism: sea, sun, sand and surgery. *Tourism Management*, (6), 1093-1100.
- Connell, J. (2011). A New Inequality? Privatization, urban bias, migration and medical tourism. *Asia Pacific Viewpoint*, 52(3), 260-271.
- Freire, N.A. (2012). The Emergent Medical Tourism: Advantages and Disadvantages of Medical Treatments Aboard. *International Business Research*, 5(2), 41-50.
- Gan, L. L., & Frederick, J. R. (2011). Medical Tourism in Singapore: A Structure-Conduct-Performance Analysis. *Journal of Asia-Pacific Business*, 12(2), 141-170.
- Hopkins, L., Labonte, R., Runnels, V., & Packer, C. (2010). Medical Tourism Today: What is the State of Existing Knowledge? *Journal of Public Health Policy*, (2), 185.
- Herberholz, C., & Supakankunti, S. (2013). Medical Tourism in Malaysia, Singapore and Thailand. Centre of Health Economics, Faculty of Economics, Chulalongkorn University.
- Horowitz, M. D., Rosenweig, J.A. (2007). Medical Tourism-Health Care in the Global Economy. *Physician Executive*, 33(6), 24-30.
- James, P. J. (2012). The Impact of Medical Tourism on Thai Private Hospital Management: Informing Hospital Policy. *Global Journal of Health Science*, 4(1), 127-139.
- Karuppan, C.M., & Karuppan, M. (2011). Who Are the Medical Travelers and What Do They Want?: Quantitative Study. *Health Marketing Quarterly*, 28(2), 116-132.
- Lin, C., Lee, L., & Huang, Y. (2009). Forecasting Thailand's Medical Tourism Demand and Revenue from Foreign Patients. *Journal of Grey System*, 21(4), 369-376.

Lordache, C., Ciochina, L., & Roxana, P. (2013). Medical Tourism-Between the Content and Socio-economic Development Goals, Development Strategies. *Romanian Journal of Marketing*, (1), 31-42.

Marketwise (2011). Final Report : The Study of Increasing Potential of Medical Tourism in Thailand. Tourism Authority of Thailand.

NaRanong, A., & NaRanong, V. (2011), The Effects of Medical Tourism: Thailand's Experience. *Bulletin of The World Health Organization*, 89(5), 336-344.

Pocock, N. S., & Phua, K. H. (2011). Medical tourism and Implications for Health Systems: A Conceptual Framework from a Comparative Study of Thailand, Singapore and Malaysia. *Globalization and Health*.

Ryan, K. J. (2011). Medical Tourism: Is Now the Time to offer this benefit? *Benefits Magazine*, 48(7), 20-25.