

# Public-Private Partnerships in the Thailand Medical Tourism Industry

**Dr. Gumporn Supasettaysa**

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**HARVARD** Kennedy School

**RAJAWALI FOUNDATION INSTITUTE FOR ASIA**

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## **About the Author**

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## Executive Summary

*“Now we’re seeing ministries sending some patients to facilities like Bumrungrad in Asia as one way to manage costs.”*

—Mansur Ali, Managing Director, Kleos Healthcare, Dubai<sup>1</sup>

Patients frequently travel across international borders to seek health care in Southeast Asia. This practice, known as medical tourism, has grown rapidly in Thailand in recent years. The Thai medical tourism industry emerged following the Asian financial crisis of 1997 and soon became a major source of economic growth. At that time, the Thai government began to aggressively support and promote the industry and compete with Southeast Asia’s other medical tourism destinations, Malaysia and Singapore.

All three countries have emerged as attractive medical destinations for international customers because they invested in skilled physicians and specialists, superior facilities, training, and comprehensive care offerings. Having already recognized the value of having highly trained doctors and high-quality facilities for domestic patients, they opened the market to international patients, appreciating the economic advantage of marketing their services abroad. Since then, they have gone out of their way to provide exceptional service for international patients. As a result, Thailand’s international medical tourism industry will likely continue to grow and flourish.

With more and more Thai private hospitals earning accreditation, the government has thrown its support behind the medical tourism industry. It has launched a digital medical tourism campaign, participated in international medical and wellness exhibitions, and eased the process of getting visas for medical purposes. In 2017, Thailand included medical tourism among its top five industries when it revised its 20-year national strategy to focus on supporting technological innovations in its primary industries. Private hospitals built specialized treatment centers, and dental clinics advertised their services abroad. The government proposed a goal of turning Thailand into the premier medical hub in Asia and advertising it as such to attract medical tourists. In 2020, however, the COVID-19 pandemic stopped the tourist industry in its tracks. Thailand’s overall GDP plummeted 6.1 percent. Hospital beds sat empty.

Now, medical tourism has significantly recovered, thanks to a mix of short- and long-term government initiatives. Revenue is projected to almost triple from its pre-COVID level of \$9.1 billion in 2019 to \$24.4 billion in 2027. The government has developed strategies and policies to compete with other countries seeking to attract medical tourists, and partnered with Thailand’s leading private hospital, which redesigned its facilities and medical services to include a five-star hotel to serve the influx of medical tourists.

Thailand believes that growing its health-tourism industry will create jobs, increase Thai GDP, and increase tax revenue. Two of its most ambitious projects include Andaman International Health Center, a health service facility and medical training center in Phuket for which the country has budgeted \$131 million, and a major specialized health expo in 2028, with the theme, “Future of Life: Living in Harmony, Sharing Prosperity.” These projects are both designed to catapult Phuket, an island known for its white-sand beaches, ocean recreation, and vibrant nightlife, into a world-class medical tourism hub. These types of projects could significantly drive the expansion of medical tourism in Thailand. By creating a major medical center and constructing new hotels, families could stay with patients who visit Thai private hospitals. Thailand’s medical tourism industry, however, still faces some barriers to success.

First, making Thailand Asia’s premier destination for medical tourism does not work unless people want to travel there for treatment. To that end, the government needs to invest in the pre-travel

experience, enticing patients to go abroad and mitigating their anxieties. By marketing and delivering a positive travel experience paired with technical expertise and qualified physicians and nurses, international patients are more likely to go abroad for treatments and procedures.

Second, once patients arrive in Thailand, they need to receive excellent service, which is just as important as technical expertise. Besides providing highly trained physicians, Thailand needs to provide top-tier patient support, medical facilities, and hotel-hospital settings. This includes everything from streamlined registration and personalized support services to translators and a comfortable, welcoming waiting area. They could even partner with foreign governments to offer tailored services for international patients.

To take the next step, Thailand must expand the partnership between the government and private hospitals to include airports, airlines, and logistics companies, fully supporting the patient journey and providing end-to-end care. These improvements should involve everything from attending to special diets to providing wheelchairs to greet medical tourists and from building a logistical system to ease the traffic jams so many medical tourists face when they arrive to optimizing health care services and staff quality. The government must be able to assure medical tourists that they will be transported quickly, efficiently, and humanely from the airport to their destination.



## Introduction

Health care is one of the essential public services that the government provides. Around the world, governments seek to continually improve their public services and health care delivery.<sup>2,3</sup> In Southeast Asia, three countries in particular, Thailand, Singapore, and Malaysia, have worked to improve their health care systems to the point that they offer their services to international patients.<sup>4</sup>

Based on the data, these countries attract patients by offering high-quality, reliable health care accredited by Joint Commission International (see table 1). These services appeal to patients in other countries where medical doctors and hospital facilities are in short supply, inaccessible, or poor-quality.

**Table 1: Comparison of Southeast Asia’s Three Leading Countries for Health Care**

Country	Population (2021)	2021 GDP (Gross domestic product)	2021 GDP per capita	Total number of hospitals, excluding dental clinics (2020)	Total number of doctors and dentists (general practitioners and specialists) in thousands (2020)	JCI (Joint Commission International) accreditation for safety and quality of care (2022)	Asia-Pacific (APAC) regional public health care satisfaction* (2021)
Thailand	69,950,844	USD 505.98 billion	USD 7,066.2	1,356	44.03	59	51%
Singapore	5,453,566	USD 396.99 billion	USD 72,794	27	17.31	5	82%
Malaysia	32,776,195	USD 372.7 billion	USD 11,109.3	375	85.6	17	66%

Note: Overall APAC public health care satisfaction, across all Asia-Pacific countries, was 61%.

Source: The World Bank, Statista: Health in Thailand, Singapore, and Malaysia; Sandpiper Communications; Joint Commission International (JCI)

When people cannot access public health care services or are dissatisfied with the quality of the public health care services they are being offered, they will switch to private health care. Alternatively, they will travel to another country for health care services, such as Thailand, Singapore, or Malaysia. This phenomenon is called medical tourism, and these visitors are designated as medical tourists, global patients who seek health care services abroad. Also known as “fly-in” patients, these customers mostly pay out of pocket, sometimes with a health insurance co-pay. They are willing to pay for performance to receive faster and better service.<sup>5</sup> In some cases, local governments subsidize fly-in patients’ care so they can be treated abroad. After their health care treatment, the patients travel or spend time with their family members and caretakers as they recover in the destination country. Later, we will explore the quality of these services in greater detail.

In 2017, Thailand revised its 20-year national strategy (2017–2036), called “Thailand 4.0,” to focus specifically on supporting technological innovations in its primary industries. It identified 10 such industries, with medical tourism among the top five. To accomplish this, the government has launched large-scale marketing campaigns, with slogans like, “Amazing Thailand, The Healthy Journey.”

Approximately 3.5 million foreigners traveled to Thailand for medical reasons in 2019.<sup>6,7</sup> Often, these patients were referred to Thailand's services by an organization, doctor, or hospital. The motivation for such travel varies. Some medical tourists come for the lower cost of medical care, while others seek better quality care. Still others are seeking better access to specialists and shorter waiting times for appointments. Furthermore, most are attracted by the opportunity to relax and recuperate in a country known, in Thailand's case, as one of Asia-Pacific's top tourist destinations.<sup>8,9</sup>

Thailand's medical tourism industry contributed \$9.1 billion to the country's revenue in 2019.<sup>10-12</sup> Medical tourists visited from neighboring countries and other continents. For example, South Africans are known to travel to Thailand annually for dental polishing. Burmese couples travel to Thailand to get their children vaccinated against malaria. Expatriates in Laos travel to Thai hospitals near Laos' border for physical check-ups. The United Arab Emirates (UAE) government subsidizes knee replacement surgery at Thai hospitals for its citizens because of a long waiting list for the procedure in the UAE. And international transgender travelers have visited Bangkok's cutting-edge plastic surgery and aesthetic clinics for gender reassignment surgery (GRS), now widely known as gender-affirming care.

The growth of medical tourism has driven Thai international hospitals to improve the quality of their health care and seek international accreditation.<sup>13,14</sup> Since Bumrungrad Hospital became the country's first internationally accredited medical facility in the mid-1990s,<sup>15</sup> Thailand has seen its health care network grow to 59 internationally accredited health care institutes.<sup>16</sup>

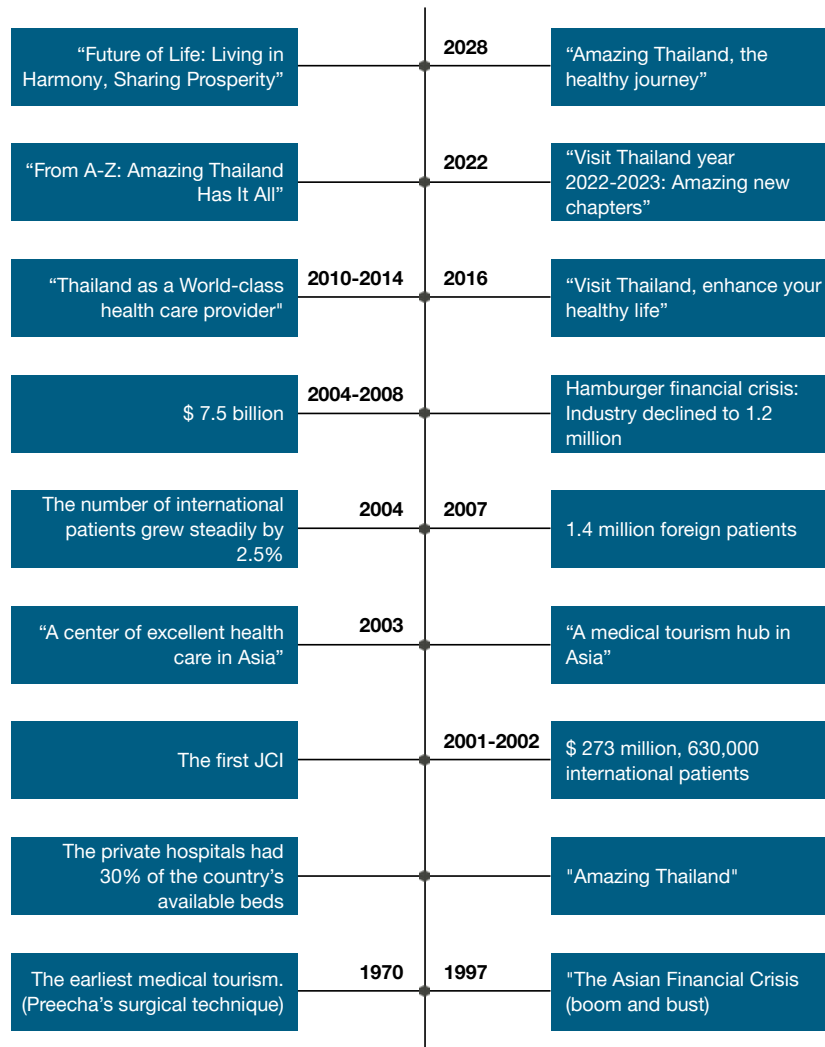
As hospitals improved, the Thai government began to invest in the industry and use it to drive Thailand's economy. Today, Thailand's government agencies travel to medical and wellness exhibitions around the world to promote the country's health care.<sup>17</sup> This has allowed Thai hospitals to compete with those in Malaysia and Singapore.

To become a leader in medical care in Southeast Asia, Thailand must attract highly qualified medical doctors and providers and build excellent medical facilities and health care institutions. Then, the government needs to market these improvements. They need to share this message not only with domestic patients but also with an international audience, so that patients everywhere will want to travel to Thailand to receive medical care.

## Development Chronology of Thailand’s Medical Tourism Industry

Today, Thailand has more accredited hospitals and health care institutions than any other country in Southeast Asia. Where it has 59 facilities, Malaysia has 17, and Singapore has five. The whole effort began because Thailand’s government wanted to gain international health care accreditation through Joint Commission International (JCI).<sup>16</sup>

**Figure 1: A Timeline of Public-Private Partnerships in Thailand’s Medical Tourism Industry**



Thailand began gaining a reputation as a destination country for medical tourism when Dr. Preecha Tiewtranon introduced a unique technique for gender reassignment surgery (GRS), now known as gender-affirming care, in the mid-1970s (see Figure 1). Preecha’s surgical technique became known as male-to-female vaginoplasty.<sup>18–20</sup> Later, Thailand evolved into a niche market for cosmetic and aesthetic surgeries as well.<sup>20,21</sup>

In the late 1990s, Thailand's private hospital chains registered on the Stock Exchange of Thailand. These chain hospitals had the highest number of full-time physicians and professional nurses in the country.<sup>13</sup> They sought high-need, high-cost local patients who required high-quality, specialized health care. Then, the 1997 Asian financial crisis struck.<sup>22</sup> Suddenly, many Thai patients could not pay for private health care, which put pressure on private hospitals to seek revenue elsewhere. By this time, Thai private hospitals had about 11,300 beds, some 30 percent of all hospital beds in the country.<sup>23</sup> In seeking a new market, the hospitals invested extensively in improving their quality of care and heavily promoted their services to international patients. At the same time, they began offering hospital-hotel services, including superior rooms, valet parking, and fitness facilities, as well as up-to-date medical equipment and technology. Then, they advertised these services using in-flight advertisements, international advertising, and discount packages, promoted by health care marketing agents. These efforts coincided with the first Thai hospital receiving JCI accreditation in 1997.<sup>15</sup>

Thailand's government saw the medical tourism industry's potential to boost the country's economy. So, the Department of Export Promotion in the Ministry of Commerce invited Thai private hospitals to participate in international trade and tourism exhibitions to Mainland Southeast Asia, Europe, and the Middle East. Thirty Thai private hospitals undertook an all-out effort to boost their numbers, and the number of international patients grew from 120,000 in 1997 to 630,000 just five years later. That same year, industry income from medical tourism reached \$273 million.<sup>23</sup>

From 2003 to 2008, the Thai government worked with the Ministry of Public Health in Thailand to promote medical tourism under the theme, "A center of excellent healthcare in Asia."<sup>24</sup> Under this five-year plan, the country focused its efforts on the rising medical tourism industry. The Thai cabinet approved a strategic plan to steer the country toward becoming a "medical tourism hub in Asia."<sup>25</sup> Between 2005 and 2007, the number of international patients grew steadily by 2.5% annually. The Ministry of Commerce stated that Thailand served 1.4 million foreign patients in 2007. The next year, Thailand received \$1.73 billion from the influx of international patients.<sup>26</sup> With government support and marketing campaigns, Thailand's medical tourism industry generated \$7.5 billion in revenue from 2004 to 2008.<sup>27</sup> However, local political instability and the West's financial crisis led to a slight industry decline from 1.3 million in 2008 to 1.2 million in 2009.<sup>28</sup>

For two decades, Thailand's governmental agencies, non-governmental agencies, and private corporations worked together to drive its medical tourism industry. As part of the campaign, Thailand's government collaborated with the Halal Standard Institute of Thailand to introduce a five-star halal hotel and a Thailand Muslim-Friendly Destination app. This digital guide for Muslim travelers helped identify Muslim-friendly foods, prayer facilities, and washrooms on their mobile devices. They could even visit a historical Thai-Muslim community while traveling in Thailand. It helped attract a significant number of Muslim medical tourists, including a growing number of Muslim millennials who could fly to Thailand without a visa from the Gulf Cooperation Council (GCC) countries and Indonesia, Malaysia, and Brunei. By 2019, the number of international tourists arriving in Thailand grew to 39.8 million while the number of medical tourists reached 3.5 million.<sup>6,29</sup> Everything appeared to be progressing well until COVID-19 struck. On April 4, 2020, all international flights were suspended.<sup>30-32</sup>

As the pandemic continued into late-2020, the Ministry of Tourism and Sports proposed a special tourist visa (STV) to the Thai Cabinet, which was approved by the Ministry of Foreign Affairs.<sup>33</sup> According to Ministry of Public Health regulations, this visa applied to all travelers from countries at low risk of COVID infections. With an entry document, the purchase of health insurance, and a doctor's appointment, tourists could apply to the Thai government for an STV. Then, these tourists were asked to spend at least 14 days quarantining at government-certified hospitals, hotels, and/or rental accommodations after arriving in Thailand. In response to these requirements, Thai private hospitals offered

a hotel-based alternative quarantine facility package to partners of medical tourists. Yet with harsh travel restrictions in place to slow the pandemic, only 6.7 million tourists arrived in Thailand in 2020, a decline of 82 percent from 2019.<sup>29</sup>

As vaccinations arrived and countries around the world began to reopen in 2021, Thailand's medical tourism was approaching a crisis point. The hospitals sat empty, and doctors did not have enough international patients. Yet daily operating costs remained high.

In mid-2021, the Thai government launched the Phuket Sandbox model for vaccinated tourists from approved countries.<sup>34,35</sup> It took advantage of the Phuket Airport, which has several direct flights via major world airlines. Supervised jointly by the Tourism Authority of Thailand and the Phuket Tourist Association, this pilot program required tourists to stay in any resort Phuket for 14 days and test negative for COVID-19 before going elsewhere. The program aimed to reopen the country and generate revenue using the airport as a jumping-off point. But despite a significant marketing push by travel agents and health care institutions, tourists did not return to Thailand. Soon, international private hospitals faced a situation much like in 1997, when they had thousands of empty beds. By 2021, tourism had plummeted nearly 94 percent since 2020 to just 427,869 visitors.<sup>29</sup> Revenue had dropped from \$544.08 billion in 2019 to \$505.98 billion in 2021. Additionally, GDP had decreased by 7 percent. However, things began to improve in 2022. By 2027, revenue is projected to reach \$24.2 billion.<sup>10–12,36</sup>

Phuket Island has played a key role in Thailand's turnaround, taking it from the brink of economic crisis to a medical tourism center. The Thai government is helping to transform Phuket into an international medical hub, budgeting \$131 million to construct the Andaman International Health Center, a health service facility and medical training center.<sup>37,38</sup> Andaman's name refers to the seacoast on the southeast side of Thailand, the country's most popular travel destination thanks to its fine white sands, tropical palm trees, and vibrant culture. Here, medical tourists can enjoy sun and sea while receiving world-class medical care.

Additionally, the Thai government is collaborating with the Thailand Convention and Exhibition Bureau (TCEB) and Phuket City to plan a major specialized health expo in 2028 with the theme, "Future of Life: Living in Harmony, Sharing Prosperity." TCEB is projecting more than 7 million visitors to this expo.<sup>39–41</sup> These two ambitious projects will increase the country's tourism and tax revenue. As a result of the government's efforts on Phuket Island, health care institutions have started partnering with businesses to create all-inclusive health and wellness packages, including hotels, tour operators, travel agents, medical care referrals, medical tourist agents, and airlines.

## Service Matters

Health care services are generally evaluated based on three components:

1. Medical service, which is measured based on the technical quality of any procedures or treatments as well as their outcomes. A patient cannot evaluate the quality of medical service, though they can later draw conclusions based on whether a procedure was successful and if there were any long-term side effects to treatment.
2. Health care service delivery, which includes areas such as ease of the check-in process, ability to set up medical appointments, appearance of the waiting area, and comfort of the surroundings.<sup>42</sup> This is easier for the patient to assess because it involves the patient's firsthand day-to-day experiences.
3. Service development for patient safety protocols and rehabilitation processes.<sup>43</sup> Because safety is integral at all stages of the care process, this component generally affects the patient's perception of the health care institution, physician performance, and service quality.

For example, here is a testimonial from an actress from Myanmar who gave her name as “Patricia.” She received intraocular lens surgery at Vejthani Hospital, an international hospital in Thailand.

I chose the hospital because most of my friends and my relatives from Myanmar recommended [it to] me. When I visited the hospital [I] liked its facilities and the expertise of their doctor, and the warm service of the staff. They give me the feeling that I can trust them and they can take good care of m . . . You know, when I first entered the hospital, I felt like I was at the hotel or at the shopping mall. The hospital is very clean and has a very nice smell. It’s very refreshing. It doesn’t smell like a hospital. The nurse is very caring and very kind. A lot of Myanmar staff are in this hospital. It’s very fun and relaxing when we speak in our language. I did not feel any pressure. Before I got into the [operating] room, they made me less afraid. They talked to me in our own language.<sup>44</sup>

In her review, she shared her impression of the servicescape, including the hospital scenery and her physical surroundings.<sup>45,46</sup> This pleasant atmosphere created a positive image of the hospital. As demonstrated in Patricia’s testimonial, patients often form an impression of a health care institution before having a medical consultation.<sup>47</sup> Here, Patricia felt touched by the empathy and care of the nurse. She also appreciated that the hospital provided a Myanmar-trained medical interpreter to speak with her in her own language; it made her feel comfortable before the medical treatment.

Knowing that patients prefer a culturally familiar environment, Malaysia, the sole Muslim country among Southeast Asia’s medical tourism destinations, positions itself as a halal medical care center for Muslims. Its main visitors come from the Gulf Cooperation Council (GCC) countries as well as Indonesia.<sup>48</sup> In addition, among the three major medical tourism destinations in Southeast Asia, Malaysia is the only country that has a seamless end-to-end patient experience for medical tourists. This is thanks to the Malaysia Healthcare Travel Council (MHTC), initiated by the Ministry of Health, Malaysia, which manages the flow of medical tourists.<sup>49</sup> In Thailand and Singapore, there is no main government agency responsible for medical tourism.

Instead, Thailand and Singapore have international private hospital chains listed on their countries’ respective stock exchanges.<sup>50,51</sup> They then use designated referral desks or overseas offices to expand their hospital network, bringing in patients who need to travel across borders to receive medical treatment.<sup>52,53</sup> Additionally, they partner with small local clinics in potential countries to prescreen the patients before referring them to overseas medical treatment.

Before patients determine where they want to receive their medical treatment, the hospitals offer teleconsultation to build trust between patient and doctor. This prompt health care service is meant to assuage international patients’ worries and help them know what to expect. Singaporean hospitals go the extra mile by providing 360° virtual reality room tours for patients and caretakers to explore.<sup>54</sup>

In all three destination countries, new patients receive a visitor guide, which explains how to prepare for their visit. The guide details the accompanying mobile check-in application, in-airport greeting and escort service, baggage service, travel arrangements, and potential excursions. It also includes recreation opportunities, such as sightseeing in Thailand, theme parks in the Malaysian mountains, and casinos in Singapore, as well as recommendations for both authentic and halal foods.

Given that all three governments have invested significantly in marketing campaigns and regulations that support medical tourism, it is evident that they support the industry’s growth. For example, the Ministry of Health, Malaysia initiated MHTC to provide a seamless end-to-end patient experience. Singapore offers tax incentives for multinational companies and views expatriates as international patients. And the Thai government recently created the Yothi Medical Innovation District, an

area situated in the heart of Bangkok. Yothi comprises the Medical and Education Institute, health care-related research units, residences, restaurants, cafes, and co-working spaces.<sup>63,64</sup> This area provides easy access to modern services and high-tech medicine for the Thai people, and the government is hoping to use the area for international patients in the future.

Finally, the various international private hospital chains strategize logistical solutions by partnering with different airline companies to find routes that provide a direct flight path for medical tourists.<sup>55–57</sup> This step ensures a smooth transition from the patient’s country to the medical tourism destination.

## Challenges and Potential Solutions

For decades, the Thai government and its medical centers have worked hard to build the country’s reputation as a destination for medical tourists. Its goal in doing so has been to drive tourism while helping those in need of various medical procedures, from cosmetic to cardiovascular surgery. Despite considerable growth, aided by the government’s efforts, medical tourism continues to fall somewhat short of the government’s hopes and projections. There are several ways to address this, but each comes with its own set of challenges.

Already, Thailand has built numerous medical facilities, partnered with airlines to offer more direct routes, and offered hospital-hotel-based services for medical tourists. But hospitals have yet to work with airports and immigration services to make medical tourists’ visits more convenient. This could be accomplished with a concerted redesign of Thailand’s international airports, done in collaboration with health care institutions, architects, airport security, and aviation companies. Together, they could simplify and tailor entry procedures for visitors based on each traveler’s health and physical condition.

On top of the time spent in the air, waiting in the airport, and passing through immigration, tourists (especially those seeking medical treatment) must navigate long hours on the road as they go from the airport to their hotels. This process could be improved through the introduction of VIP assistance and guest service agents to “meet and greet” patients at the airport in Thailand to facilitate a smooth end-to-end process. In addition, a fast-track lane for medical tourists would speed the customs process. For those facing challenging health conditions, baggage assistance, which Malaysia and Singapore officially offer for a fee, would decrease stress.<sup>58–60</sup> A difficult travel experience can seriously undermine the medical tourism experience and worsen a patient’s physical condition.

To make matters worse, Thailand’s capital of Bangkok is one of the most congested cities in the world.<sup>61</sup> By creating a monitored and more agile logistics system, airports and medical centers could work together to plan the best route based on traffic volume. Such a system could manage logistics from the time a plane lands until the medical tourist arrives at their hospital or accommodation. Moreover, when someone arrives for major surgery, they should be able to reserve an official police escort service or an ambulance and oversized vehicle, equipped with high-quality medical equipment, spacious seating for family members or caretakers, and ample space for baggage. A medical travel intermediary is also advised to ensure a comfortable experience. For instance, Singapore has an official website where certain commercial vehicles can reserve an auxiliary police escort.<sup>62</sup>

Cultural differences can also be a challenge for medical tourists. International patients come from different backgrounds, and no one plan is right for everyone. People have different expectations, needs, and preferences when it comes to their health care, including number of caretakers, dietary needs, religious requirements, and accommodation preferences. The Tourism Authority of Thailand and the Ministry of Public Health should provide a certified list of suitable hotels and services to meet medical tourists’ individual needs and preferences. Additionally, health care institutions and rehabilitation



centers should be encouraged to directly collaborate with local and chain hotels to ensure patient safety and quality health care services.

Despite this positive momentum, Southeast Asia's medical tourism industry still faces many challenges. Concerns include possible market failures, future pandemic travel restrictions, rising inflationary costs, and the lack of adequate hotels and residences. Industry leaders should also be concerned about the industry's need for constant evolution. They need to stay on top of innovations such as medical devices, preventative technology, wearable devices to monitor health information (smart watches, health or fitness trackers, etc.), and dietary technology to assist with healthy eating and meal planning.<sup>65,66</sup> Plus, due to ever-changing priorities, there is always a chance that the government may stop supporting the industry and shift their focus to fundamental sectors that are of higher national importance.

After its massive investment in Phuket Island's international medical hub, the Thai government should not expand the project to other locations until it has fully reviewed the project's performance. Once Phuket Island has made back its operating costs, the government should expand the international medical hub concept to other tourist destinations, such as Samui Island (near Phuket), Krabi province (in the South), and Chiang Mai province (in the North).

In addition, the Thai government should collaborate with the Ministry of Public Health to renovate and redesign clinics and hospitals in Thai medical tourism destinations. Ideally, this proposed investment would apply to both native Thais and medical tourists. The private hospitals' physicians could welcome medical tourists and local patients with shared facilities and medical supplies. Metaphorically, this investment would turn Thai medical institutions into international airports that host both domestic and international flights. The revenue could be shared with both public and private health care institutions. Moreover, international private hospitals could classify this partnership as a Corporate Social Responsibility (CSR) project and take a tax deduction. For example, Raffles Medical Group in Singapore participated in the Community Health Assist Scheme (CHAS), a government-subsidized program for lower-to-middle-income households in less privileged communities. Economically disadvantaged Singaporeans then receive subsidies for the health care and medical treatment they need and get the same quality care as foreign patients.<sup>67</sup>

While the expansion of health care institutions and medical travel is a long-term good for Thailand, it has caused a shortage of physicians and staff, along with a public health care brain drain, as qualified providers are brought in from public hospitals.<sup>68,69</sup> There are three possible solutions. First, the Thai government and private health care institutions should develop hospital service and technical curricula with vocational education and training. The synergy between industry and education would allow students to train to meet specific industry needs and obtain a degree from a vocational school. Second, in-house training by specialists and human resource personnel would lead to long-term improvements in medical quality and productivity. These might include medical and technical training programs to upskill doctors and providers, classes on software to improve patient safety and security, and regular online seminars on relevant health care topics. Lastly, health care institutions should outsource non-medical positions, such as customer care representatives for international travel and ambulance contact centers, emergency medical technicians working for medical evacuation services, and certified medical interpreters conducting medical consultations.

Inflation and the growing expense of both medical tourism and travel present another obstacle. Due to increased costs, international patients are less likely to combine their yearly check-ups abroad with vacations without considerable worry about the expense.<sup>70,71</sup> To encourage medical tourists to extend their stays, the Thai government should use a government-to-government strategy to build partnerships with other countries so that patients from those countries are guaranteed medical care



while Thai doctors and medical centers are guaranteed patients. For example, Thailand and Bhutan have a bilateral trade agreement for medical collaboration that has been extremely successful. Former Prime Minister Tshering Tobgay testified that “Bhutanese prefer to go to Thailand for medical treatment—some funded by the government but mostly at their own expense.” He even requested that the health minister allow Bhutanese monks to get treatment in designated hospitals in Thailand. He continued, “By collaborating with the Thai Ministry of Public Health and other institutes, Bhutan has benefited in human resource development and with specialized camps in the areas of eye and ENT (ear, nose, throat) care, all thanks to the Thai Friendship Medical Mission to Bhutan.” The success case from Thailand and Bhutan’s medical collaboration should extend to neighboring countries in the ASEAN community as well as GCC countries.<sup>72</sup>

Another challenge is increasing the number of Muslim medical tourists from Southeast Asia. On the Medical Tourism Association’s list, “Top 20 destinations worldwide based on the total medical tourism index in 2020,” Singapore ranked second while Thailand was seventeenth.<sup>73</sup> These low numbers are largely attributable to the absence of Muslim medical tourists in Thailand. Muslims make up 40 percent of the population of Southeast Asia, and by 2030, the total world Muslim population under 40 years old will reach 1.6 billion. Still, Thailand is not even a top 10 destination for Muslim travelers. Based on the Mastercard-Crescent Rating Global Muslim Travel Index (GMTI) 2022 report, Thailand is 28th overall, which is far behind its medical tourism competitors, Singapore and Malaysia.<sup>74</sup>

Southeast Asian countries can reach Thailand by air in just 3–6 hours, so there is a wealth of potential medical tourists nearby. To close this gap and bring in more Muslim medical tourists, the Thai government needs to make their services even more accessible. In conjunction with international private hospitals, Thailand should partner with airlines to design all-in-one packages that attract Muslim medical tourists. They could include medical care, flights, and Thai halal-certified cuisine. Additionally, the Thai government should collaborate with the Organisation of Islamic Cooperation, the largest international organization of Muslim nations, to forge a bilateral agreement that reestablishes Thailand’s position as a Muslim-friendly destination.

At present, Thailand should also consider the trend of South Korean popular music (K-Pop) and how it has led to a cosmetic surgery boom in South Korea.<sup>75</sup> The global success of the “Gangnam Style” song, the first-ever YouTube video to hit one billion views, jump-started this movement. At the time, people imitated the singer, Psy, mimicking his galloping move. Later, Psy collaborated with hip-hop cultural icon Snoop Dogg, which brought global attention to K-Pop.<sup>76</sup> All over, teenagers have become obsessed with K-Pop and Korean movies.<sup>77</sup> Korean beauty standards have become a trend for anyone who wants to improve their appearance, self-esteem, and self-confidence. As a result, foreigners will travel to South Korea to have plastic surgery and facial treatments. These medical tourists tell the doctor about their “wanna-be” look and reference a K-Pop star. As this trend has grown, the Korea Tourism Organization created an official YouTube channel for Medical & Wellness to explain cosmetic surgery in South Korea, educate the soon-to-be medical tourist about how to prepare and what to expect, and introduce government-certified hospital patient testimonials in both Korean and English, translated into English as “Heal We Go Korea.”<sup>78</sup>

Thailand, Malaysia, and Singapore have invested heavily in building a home for medical tourists over the last 20 years. Yet its own teenagers continue to leave the country to seek plastic surgery in South Korea. In fact, international patients from Thailand, which aspires to be the number one hub in Asia for medical tourism,<sup>79</sup> make up 5 percent of foreign patients traveling to South Korea for medical treatment.<sup>80</sup> This poses a problem for both medical establishments and the government, which must take steps to convince local young people to get surgery in their home country. Medical experts and physicians need to collaborate with specialists abroad to learn the latest health care techniques and

receive training directly from South Korean health care institutions, ensuring those who want to receive Korean-style cosmetic surgery can get it at home.

Another challenge in promoting medical tourism for cosmetic surgery is how concepts of self-acceptance<sup>83</sup> and self-love<sup>84</sup> affect consumer perceptions. The body positivity movement,<sup>85</sup> real-size beauty,<sup>81</sup> and the desire for self-acceptance among many in the LGBTQ community<sup>82</sup> can negatively impact people's perceptions of cosmetic procedures like weight loss surgery, liposuction, wrinkle treatments, and hair removal or growth. The number of cosmetic operations decreased by 40% in 2016 compared to the record-breaking number in 2015. That decline could be attributed to the rising influence of body-positive movements and societal pressure to embrace self-love rather than conforming to idealized beauty standards.<sup>86,87</sup>

In addition to dealing with this newfound stigma, the cosmetic market faces challenges around getting their services to those who do want them. Cosmetic surgery is banned in some cultures, especially gender confirmation surgery.<sup>25,88–90</sup> Even in Thailand, where it is legal, there is a social opportunity cost and people face discrimination in terms of social status and finding a job.<sup>91</sup> The World Bank Group, in collaboration with the Royal Thai Government, local universities, and the Thai LGBTQ community, shared labor market data in 2017 revealing that LGBTQ individuals faced unequal opportunities in the job market and workplace. For instance, 77 percent of transgender job applications were rejected, and 22.7 percent were not promoted due to their identity.<sup>92</sup> Further, the United States Agency for International Development (USAID) published a report titled, "Thailand Country Report: Being LGBT in Asia," which states that the cost of gender confirmation surgery can range from USD \$2000–10,000, while breast implants may cost up to \$4,000.<sup>93</sup> This means that those who wish to receive gender-affirming care need to have savings equivalent to at least six months' average salary in order to afford the procedures.<sup>94</sup> Therefore, lower-income individuals as well as those who may be more vulnerable to societal pressures were less likely to undergo cosmetic surgery.<sup>95</sup>

To make up for some of these losses, health care institutes and marketers should explore the wellness and rehabilitation sector and capitalize on the latest trends. In particular, they can turn toward the demographic comprising baby boomers, gay men, and couples from foreign countries with both the financial means and desire for a vacation. These groups tend to see a health care item in a shop and spontaneously purchase it based on their health care concerns. As a result, they would be a prime target for cosmetic providers, as their desire for physical attractiveness and youth remains constant as they age.<sup>96,97</sup>

Finally, there's the discussion around the ethics of certain medical issues and procedures, such as abortion, death tourism (called euthanasia), and gender selection through in vitro fertilization. In Asia, abortion is very controversial. Death tourism is not allowed anywhere in Asia, but it has been discussed. And for gender selection, Thailand is the pioneer, and people still travel there to select their future child's gender. There are several arguments for these three medical practices, and patients can legally receive them from qualified doctors and physicians in certain situations and within certain parameters. For example, DIGNITAS is a Swiss organization that provides patient-assisted suicide<sup>98,99</sup> In Japan, women can get an abortion with their husband's consent,<sup>100</sup> and the issue of gender selection depends on cultural and religious perspectives. For instance, while choosing a child's gender is completely legal in Thailand, but it is restricted in China, India, Nepal, and South Korea.

These discussions have no absolute right or wrong, though a bill or law can make them legal or illegal. Some countries want to pass laws to codify abortion to protect people's rights under the slogan, "My body, my choice."<sup>101,102</sup> In 2021, Thailand legalized abortions up to the 20th week of pregnancy, expanding a previous law that allowed abortions during the first 12 weeks, provided that anyone seeking an abortion between 12 and 20 weeks consult with an expert and get approval.<sup>103–107</sup> At the same

time, death tourism is legal in Switzerland, but it has not been legalized in many countries.<sup>108</sup> Based on these ethical gray areas, health care professionals should explore the possibilities they present. They should speak with policymakers to weigh the pros and cons and determine whether they should prepare to provide these services. If so, they should educate and provide teleconsultation and psychological assessments to Thailand's incoming medical tourists about these medical procedures.

## Conclusion

In the end, Thailand is on the cusp of achieving its long-sought goal of becoming a destination for medical tourism in Southeast Asia. It has already built a formidable health care infrastructure of medical care and certified rehabilitation and wellness institutions. Moreover, it has worked with the tourism industry to build hotels in key locations, combining quality care with enjoyable surroundings. While it can be difficult to measure the quality and technical delivery of medical care, by providing comprehensive, streamlined services for patients, especially international ones, providers can create a better care experience for everyone. Comfortable waiting areas, bilingual staff members, and intuitive appointment-booking tools are all important components of international health care. In some ways, they are more important than the quality of care itself.

The final pieces of this puzzle include developing a stronger relationship with Islamic countries to bring more Muslim patients to Thailand. Then, the country should focus on the entire travel experience, including airports and airlines. A synergetic logistical system would quickly and promptly transfer patients and caretakers to their hotel or accommodation. This collaboration would not only benefit international patients that come for an annual check-up but also create a more comfortable experience for people with medical conditions, special needs, and dietary restrictions.

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