## Chapter 5 Travel Motivations of Cancer Patients

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### ABSTRACT

Affordable travel costs and technological advances in medical procedures have enabled an increased number of patients visiting medical tourist destinations. Distances are not a barrier to treatment anymore. Moreover, medical studies also mention that travelling in itself can be part of the patient's treatment affecting positively on their condition. This study aims at examining the travel motivations and factors of female breast cancer patients and survivors by applying Iso-Ahola's motivation theory. The theory sorted travel motivations in four categories: personal escaping, interpersonal escaping, personal seeking, and interpersonal seeking. Descriptive analysis of the data obtained from the survey showed that patients travel to create share experiences their families, friends, and new people. Travelling also gives them a positive attitude as makes them feel good about themselves and gives them a sense of hope. Travelling is not about avoiding social conflict within their families.

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### INTRODUCTION

Recent past has witnessed an increase in breast cancer cases as well as community initiatives towards generating an awareness resulting in support through various types of funding for the breast cancer patients. There will be an increase in the medical tourism in Asia led by growth of cancer cases (Global Cancer Diagnostics Market, 2018-2027), Affordable air travel and fast-developing technology assisting tourists with illnesses makes it relatively easier for them, their guardians, and their healthcare providers to travel even to countries far from their origin to seek further medical treatment. Increased international travel is seen in cancer patients undergoing therapy and soon after therapy has been done (Mikati, Taur, Seo, & Shah, 2013). Hunter-Jones (2006) found that taking a holiday off is a way to transcend over and recover from cancer treatment. Travel is also considered by post-cancer patients as a therapeutic opportunity to escape from the stress that they experienced while undergoing cancer treatment. Travel's intrinsic benefit in speeding up the rehabilitating process decreased treatment time for the serious illnesses of patients. Georgetown University Hospital cancer researchers, studied the travel patterns of patients who underwent major cancer surgeries on their lungs, esophagus, liver, pancreas, and gastric and colorectal sections. It was found that the senior citizens (patients) travel the farthest compared to the patients that are in the age bracket of 18-50 years (Smith et al., 2015). For purposes of clinical trials and seeking for the best treatment their illness, cancer patients from the United Kingdom were found to be willing to travel long distances to contribute to research development in cancer studies (Moorcraft et al., 2016). Patients would go as far as to donating tissue samples for researching biopsies. On the other hand, British patients in the outlying islands of the country are having a hard time travelling and seeking immediate treatment due to the advanced stages of their cancer diagnosis (Turner et al., 2017). In Asia, however, patients are less likely to participate in clinical trials for breast cancer studies. Hong Kong Chinese breast cancer survivors' psychological situation affected their willingness to take part in such studies, pointing out that it is "somewhat distressing", and some have been diagnosed with clinical depression and anxiety (Lee, 2016). Singaporean researchers meanwhile studied the barriers of clinical trial participation among Chinese, Malay, and Indian patients of varying breast cancer stages (Lee, Ow, Lie, & Dent, 2016). Women willing to join the clinical trials expressed interest in knowing the best therapy for their illness, having a cost-effective profile, and they also have trust in the doctors and local healthcare system. Those who are unwilling expressed barriers such as having previous bad experiences with doctors, trials, and drugs and having conservative attitude towards risk-taking. Malay patients expressed that the possibility 'fatality' of the procedure acted as a barrier in taking part in the clinical trials.

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