



Chapter 7

Perspectives for Medical Tourism Development in Portugal's Central Region: The View of Healthcare Stakeholders

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ABSTRACT

The European Directive 2011/24/EU establishes the rules for the access to cross-border healthcare to ensure the mobility of patients and promote cooperation between the different Member States. This study aims to understand its impact and the role that medical tourism can play in the healthcare context in Portugal. On the one hand, it makes a reflection on the challenges arising from its adoption, and, on the other hand, it discusses the possible impacts of its implementation, specifically in two sub-regions of the Central Region, and the role of medical tourism in light of the views of health policymakers and other local and regional stakeholders. The attractive conditions of Portugal translate into a potential destination for medical tourism; however, the transposition of the Directive reveals several weaknesses. Only through the design of a strategic plan of action, necessarily collective, participative, and accountable, that lists the supply, the potential demand, and priority options for the country and for each region, it is possible to effectively develop medical tourism.

DOI: 10.4018/978-1-5225-9787-2.ch007

INTRODUCTION

The growth of travel for health purposes had its beginning in the late 1990s, with an increasing number of individuals traveling, within and outside their countries of origin, pursuing specific medical treatments or any other therapies, as well as engaging in complementary and leisure activities (Connell, 2008). In fact, this type of travel can be traced back to the ancient times, namely the Roman period, due to the proliferation of thermal facilities and public baths throughout the entire empire (Jakšić- Stojanović, Janković, & Šerić, 2019). Nevertheless, the product known as health tourism, as well as its subcategories, is still a recent phenomenon.

Dunn (1959) stated, more than fifty years ago, the need for developing a new health paradigm in line with demographic, social, economic and policy changes. More recently, the widening of the “travel motivation basis” (Cunha, 2006, p. 79), as well as higher life standards, which generate new health challenges and, consequently, the need for improved physical, mental and psychological states/conditions, led to the multiplication or branching of tourism forms (Cunha, 2006), namely health tourism. In some way, these needs led to the globalization of healthcare, which, in turn, generated differentiated patterns of consumption and production of healthcare services (OECD, 2014). Due to an extended globalization process, the health industry started to generate visitors (patients) traveling from their origin country to the destination in pursuit of medical and non-medical (or prevention) treatments (Freitas, 2010; Henama, 2014; OEDC, 2014). Although being a secular activity, the increasing interest in healthy lifestyles (Charity, Walter, Forbes, Kumbirai, & Margaret, 2013) recently promoted the development of several concepts linked to health tourism, that “collide or cross with other pre-existing forms, giving rise to scenarios of conflict” (Cunha, 2006, p. 79). Charity et al. (2013) found that the term medical tourism was used to refer to both dimensions of health tourism (Lee & Spisto, 2007, cited in Charity et al., 2013) or, in a different approach, as a specific term meaning medical treatments (Pollock & Williams, 2000, cited in Charity et al., 2013). The health tourism concept is, however, in the great majority of the cases, established in the same theoretical framework and understood as a unifying concept from which two other crucial terms emerge: medical tourism and wellness tourism (Cunha, 2006; Mueller & Kaufmann, 2000; Smith & Puczkó, 2009; Yoong, Sulaiman, & Balday, 2013).

The health tourism sector has been growing due to the rising costs of medical treatments and healthcare in developed countries (Martins, Lunt, Freitas, Ribeiro, & Klein, 2014), long waiting lists, higher incomes, and improved human and technological resources and services in developing countries (Connell, 2008)¹. This is clearly a great opportunity for developing countries, given that the globalization of healthcare services becomes obligatory (Martins et al., 2014).

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