

Promoting Medical Tourism to India: Messages, Images, and the Marketing of International Patient Travel

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Abstract

The practice of medical tourism depends on successfully informing potential patients about procedure options, treatment facilities, tourism opportunities, travel arrangements, and destination countries. The promotion of medical tourism includes a wide range of marketing materials such as flyers, booklets, and websites. Yet, there is a paucity of knowledge about the dissemination, content, and reception of these promotional materials. Drawing on a thematic content analysis of the promotional print material distributed at the first medical tourism trade show in Canada in 2009, the main purpose of this article is to identify and understand the messages and images that companies use to market India as a global destination. While researchers and news media frequently cite low cost procedures as a key determinant for international patient travel, particularly to developing nations, our analysis reveals few low cost-related images or messages in the promotional materials distributed at the trade show. To help explain this surprising disjuncture, we consider four related issues: (1) promotional materials may be designed to be circulated amongst potential patients' concerned family and friends who privilege knowing about things such as the use of advanced technologies; (2) developing nations need to portray safe and advanced treatment facilities in order to dispel potential patients' suspicions that their medical care is inferior; (3) companies may avoid making cost saving claims that cannot be fulfilled for all of their international patients, especially those traveling from developing nations; and (4) messages of low cost may detract from and even undermine messages about quality. We conclude by identifying numerous avenues for future research by social and health scientists, and by considering the implications of our findings for existing knowledge gaps and debates within health geography specifically.

Introduction

The phrase 'medical tourism' is commonly used to describe the practice of patients traveling outside of established cross-border care arrangements to access medical services abroad, which are typically paid for out-of-pocket (Crooks, Kingsbury, Snyder, & Johnston, 2010; Ramirez de Arellano, 2007). Medical tourism does not refer to care given when one happens to have a health emergency while abroad, as intent is key: the patient must actually intend to go elsewhere for care. Engaging in tourist activities, such as recovering in resorts in destination countries, is a common part of the medical tourism experience

(Garcia-Altes, 2005; Marlowe & Sullivan, 2007; Whittaker, 2008). Orthopedic, cardiac, and plastic surgeries are among the many procedures performed in medical tourism hospitals that attract international patients (Ehrbeck, Guevara, Mango, Cordina, & Singhal, 2008). Over the past decade the industry has grown significantly, with India, Singapore, and Thailand in particular becoming global leaders in drawing patients from around the world.

In the international literature, two distinct motivations are frequently cited for individuals from high income countries engaging in medical tourism in developing nations specifically (Crooks, Kingsbury et al., 2010). For patients coming from privately funded health systems without universal medical insurance like the United States, cost savings are thought to be a crucial factor in encouraging people to travel long distances in search of affordable medical care, or care that is not available to them in their home jurisdictions (Burkett, 2007; Connell, 2008; Ramirez de Arellano, 2007; Unti, 2009). Patients with access to publicly-funded medical care in their home systems, such as those found in Canada and much of Europe, are thought to seek care abroad in order to avoid long wait-times in their home countries or access procedures that are unavailable or illegal locally (The Economist, 2004; Korcok, 1997; Mudur, 2003). Even for patients seeking to avoid wait-times within public systems, cost savings are thought to be of great interest if, as is often the case, their home systems refuse to pay for medical care abroad (Eggerston, 2006; Johnston, 1996; Starnes, 2004). It can thus be understood that the potential for cost savings is commonly characterized as a strong motivation for patients from developed nations traveling to developing nations for medical care via the medical tourism industry. Meanwhile, critics observe that costs are kept low because there is often limited malpractice insurance paid by doctors and surgeons in destination countries, thus potentially putting patients at risk while simultaneously depressing prices (Forgione & Smith, 2007; Mirrer-Singer, 2007).

For the medical tourism industry to thrive, the international promotion of its services is necessary. Marketing materials, such as websites and brochures, inform potential patients about tourism opportunities, treatment options, and other key pieces of information (Chinai & Goswami, 2007; Howze, 2007). Medical tourism facilitators/brokers in patients' home countries, in destination nations, and in third-party countries further promote the practice. These agents often exclusively specialize in medical tourism and assist interested patients with selecting hospitals abroad, visa applications and other paperwork, making travel and tourism arrangements, and sometimes also with organizing follow-up care at home (Klaus, 2005; Olberhozer-Gee, Khanna, & Knoop, 2007). The expansion of the industry in India, Singapore, and Thailand, as well as other Asian nations, is a key part of national economic development and health sector planning. National governments in these countries take an active role in promoting their nations as destinations for foreign patients (Jenner, 2008; Mudur, 2003; Pachanee & Wibulpolprasert, 2006; Shetty, 2010). Government support for medical tourism includes sponsorship of trade shows and other promotional events held abroad that are designed to attract patients and market 'world class' medical facilities (Hughes, 1991; Pachanee & Wibulpolprasert, 2006). Although it is known that such events happen, to date researchers have not examined the messages they promote. Doing so is, however, important given the projected growth of this international industry (Keckley & Underwood, 2009), and increasing research attention being paid to it by academics from across the social and health sciences.

In November, 2009 the first trade show promoting medical tourism to Canadians took place in Toronto, Ontario. This show, named India: Medical Tourism Destination 2009, was sponsored by the Indo-

Canada Chamber of Commerce, the Government of India's Ministry of Tourism, and the Toronto-based Consulate General of India. The trade show was run by Surgical Tourism Canada Inc., a Canadian medical tourism facilitation/brokerage company. In the remainder of the article we focus on this event and the promotional materials that were distributed to attendees in order to assist with gaining an initial, critical understanding of how medical tourism is being promoted to international patients. This analysis, thus, contributes to building a larger understanding of how the medical tourism industry operates, and in doing so provides useful insights for social and health science researchers interested in examining this specific global health service practice. In the section that follows we offer an overview of the trade show and provide much needed context for our analysis. We next characterize the breadth of brochures, booklets, and flyers distributed to potential medical tourists and other attendees. Thematic content analysis of the messages and images contained within the promotional materials reveals an important disjuncture: while the low cost of procedures abroad is often cited as a primary motivation for patients' engagement in medical tourism, there was little discussion or imagery related to this in the reviewed materials. Seeking to make sense of this finding, we move to consider four possible explanations for why such images and messages were not as prominently featured in the promotional materials circulated at the trade show as was expected on the basis of our review of the medical tourism literature.

Trade show overview

There were two main elements of the India: Medical Tourism Destination 2009 trade show. One was an exhibition with displays from companies. The second was a conference promoting medical travel to India. The exhibition was open to all attendees, while the conference was limited to registered participants. Within the exhibition area, booths marketed particular Indian health care facilities as well as medical tourism companies, airlines, and other businesses involved in international health-related travel. Business exhibits typically included company representatives available to promote the benefits of traveling to India for medical care, business cards, brochures, posters and other promotional material, and trinkets such as refrigerator magnets and pens marked with brand names. Meanwhile, conference presentations fell into four categories: (1) patients who had traveled to India offering narratives (either in person or by video) describing the exemplary and timely care they had received; (2) medical tourism facilitators/brokers summarizing the roles their companies play in helping international patients arrange care in India and return home following treatment; (3) health care providers offering accounts of the merits of Indian health care and the treatments available at particular destination hospitals; and (4) descriptions of wait-times and rationing of health care resources within Canada and suggestions that Canadians can obtain timely, affordable, and competent treatment in India.

The exhibition and accompanying presentations were seemingly designed to achieve numerous goals. Owners and employee representatives of medical tourism companies and destination hospitals presumably hoped the corporate exhibits would attract potential customers and generate business. Representatives of government agencies sought to use the gathering to promote India as a leading international health care destination. Overall, the event was also designed to attract favorable national news media coverage and ensure that Canadians learned of India's emerging status as a destination for international patients.

Promoting medical tourism: messages & images

As noted above, all of the booths in the exhibition portion of the trade show had promotional materials available. To compile a comprehensive and thorough collection of these printed promotional materials, two individuals independently gathered copies of all brochures, booklets, and flyers, of which there were a total of 53. So as to examine the promotional elements of these materials, our attention then focused specifically on the images (i.e., photographic and graphical depictions) and messages (i.e., discernible units of text on a particular issue that ranged in length from a sentence to several paragraphs) within them. In order to systematically summarize their messages and images, a thematic content analysis was performed. Thematic content analysis involves generating frequencies (i.e., quantitative counts) of dominant emergent themes that can then be used to inform the thematic analysis of a qualitative dataset (Weber, 1990). In the remainder of this section we discuss the analytic process employed and its findings.

Data organization and analysis

Before proceeding with analysis of the documents, we first carefully reviewed all promotional materials and removed duplicates from the dataset. We then came to agreement over any pieces that should be excluded because they fell outside the scope of our focus. Excluded materials were those that promoted: (1) tourism to India in general; (2) complementary and alternative therapeutic interventions (in that our focus is on medical tourism as defined above, and thus on medical interventions rather than health and wellness tourism more broadly); and (3) industries indirectly associated with medical tourism, such as airlines and safety equipment. All materials detailing the trade show itself were also excluded, as were non-print promotional materials. In summary, our goal was to identify and analyze promotional print material directly related to the subject of medical tourism to India by international patients.

Following the exclusion process, 27 non-duplicate promotional brochures, booklets, and flyers remained in the dataset for analysis. All 27 were compiled by both of the individuals who gathered promotional materials at the trade show. They ranged in size from single-sided flyers ($n = 3$) to multi-page booklets ($n = 9$). Most of the printed information available was in the form of brochures, with large book-fold ($n = 4$) and standard tri-fold ($n = 7$) and bi-fold ($n = 3$) ones representing more than half of the sample. Only one of the promotional materials fell outside of categorization as a brochure, booklet, or flyer. The materials ranged in length from one single-sided page to 20 or more pages, with most booklets having 10-15 pages of content. They advertised the services of 14 different hospitals or hospital chains. Some hospitals selling services to international patients in India are part of larger corporate hospital chains, such as Fortis Healthcare and the Apollo Hospitals Group/ Apollo Hospitals. The Apollo Hospitals Group is a particularly established and prominent chain. Seven of the promotional materials included in the content analysis were from its hospitals or the larger corporation. Most materials in the dataset focused on providing either procedure-based or hospital-based information, with the exceptions being a small number ($n = 3$) that advertised medical tourism facilitation/brokerage services. A full spectrum of medical services was advertised amongst the promotional materials, with dental, ophthalmic, orthopedic, cardiac, reproductive, liver transplantation, and health check-ups all represented.

As noted above, the thematic content analysis had two categories of focus: images and messages. The first step in the analytic process was for three investigators to independently review all 27 promotional items and to separately develop a list of the distinct images and messages they carried. After this, a master list of image and message themes was compiled through the process of confirmation (i.e., seeking agreement on the inclusion of each theme in the master list and the interpretation of the themes across investigators so as to understand their parameters), with similar messages or themes being collapsed so as to not be redundant. For the purpose of this analysis, each type of image or message identified by the team constitutes a theme. A standard count sheet was then created and used to record every instance of the message and image themes occurring in each brochure, booklet, and flyer. Each brochure, booklet, and flyer was reviewed again and hand-searched to extract counts for each image and message theme. We counted both the total number of brochures, booklets, and flyers containing each image and message theme (recorded as $t = x$), and also the number of instances that every image or message was present within these materials (recorded as $i = x$). Thus, if our full sample consisted of two booklets, one of which contained five messages about future expansion plans and the other contained none, we would characterize this theme as $t = 1$ and $i = 5$. After carefully reviewing all 27 promotional items, these counts were then entered into a spreadsheet. Graphs summarizing the t and i counts were then shared with all the investigators, and were used to stimulate discussion regarding trends, gaps, and unexpected findings.

Findings

Shown in Figs. 1 and 2, graphs were created to visually characterize the frequency of appearance of the various message and image themes reviewed. The image themes that occurred most frequently were hospital exteriors ($i = 68$), non-photo images (e.g., cartoons) ($i = 56$), and diagnostic or imaging equipment ($i = 52$). Those that were found in the most brochures, booklets, and flyers were procedures underway ($t = 16$), hospital exteriors ($t = 17$), hospital logos ($t = 16$), and patients visiting or consulting with doctors ($t = 12$). The prevalence of these images suggests that characterizing health care in India as 'high tech', clinically-oriented, and also compassionate (i.e., through doctors giving patients their time) may be primary marketing tactics. The top three message themes, both in terms of frequency counts and prevalence amongst the brochures, booklets, and flyers sampled, were found to be statements regarding accreditation and credentials ($t = 19$, $i = 45$), specialization ($t = 20$, $i = 44$), and lists of facility services ($t = 20$, $i = 44$). The prominence of these messages suggests that a goal of the promotional materials may be to assure potential patients of the safety of care, competence, and availability of treatments found in medical tourism hospitals.

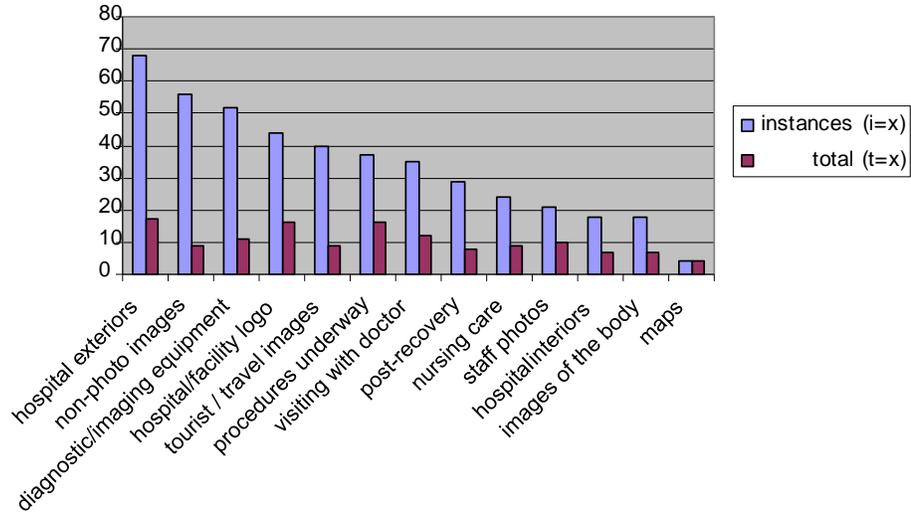


Fig. 1. Summary of images in promotional materials.

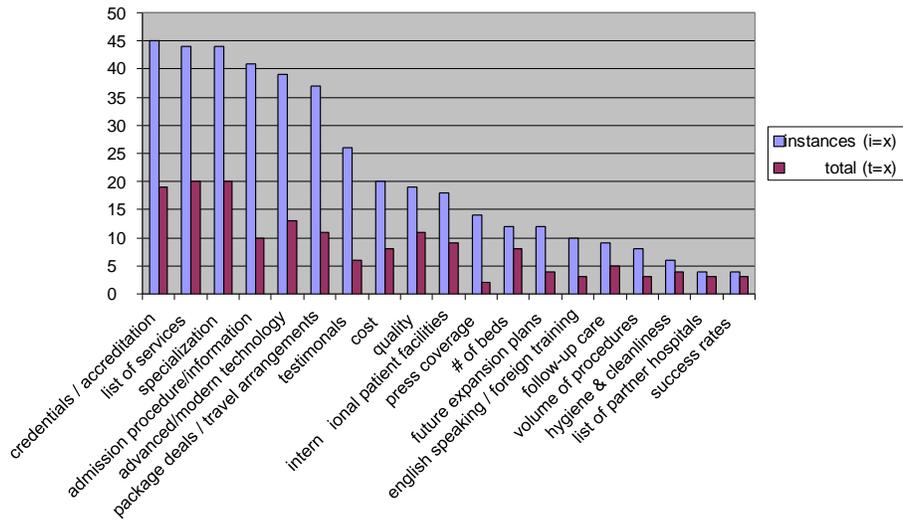


Fig. 2. Summary of messages in promotional materials

Consistent with thematic analysis (Aronson, 1994), to assist with interpreting the message and image data we compared the findings of our analysis to the published medical tourism literature. In taking this step, we were most struck by the disjuncture regarding the relative lack of messages pertaining to cost in the promotional materials reviewed versus the significant discussion of this subject as a motivational factor for engaging in medical tourism in the literature, as noted above. Specifically, affordability of care was mentioned in only eight of the 27 reviewed materials, and ranked seventh out of the 19 messages for frequency of instance, suggesting that it is not as commonly used as a marketing message as are some others. Our review of images supports this interpretation, in that none were used to convey cost or cost savings (e.g., wallets, invoices, money). We explore this disjuncture in the section that follows, and draw on the international literature to assist with explaining why cost messages may not frequently be used to promote medical tourism to foreign patients. In doing this we use the quantitative content analysis as a starting point for discussion but do not engage further with the t and i counts.

Explaining the relative absence of cost savings messages

To address the disjuncture observed above regarding the messages included in the promotional materials gathered at the trade show, here we ask: why is it that facilities and governments promoting medical tourism may not prioritize messages and images regarding cost and cost savings when attempting to attract international patients, particularly given that it is consistently cited as a primary motivating factor for accessing such care? Drawing on the international medical tourism literature, in the remainder of this section we offer four possible answers to this question.

First, numerous first-hand accounts by medical tourists (particularly in media reports - e.g., Mydans, 2002, *Operating Profit: Globalisation and Health Care*, 2008; Patriquin, 2007) reveal that their families and friends were skeptical about the care available in destination countries. For example, an American who went to Thailand reported that “.when I told people I was having surgery in Southeast Asia, some looked at me like I was crazy. They were clearly imagining me in a straw hut with someone holding fishing line and tweezers” (Loose, 2007, p. P01). Thus, materials promoting medical tourism may be designed to assure friends and family that going abroad for care is a safe and sound thing to do as much as they are to attract new international patients. In other words, medical tourism facilities may realize that they are not simply promoting their services to intended patients but also to individuals in their social networks. Facilities may want to convince readers of promotional materials that care abroad for their friend or loved one will be given by doctors and surgeons with impressive credentials in a technologically sophisticated environment rather than that it is low cost, which may be associated with reduced safety or quality. Messages of cost may do little to overcome negative images of health care in developing nations, versus more ‘positive’ messages relating to accreditation, on-site technologies, overall quality, and patients consulting with highly trained and friendly doctors. The promotional materials reviewed herein may very well focus on these elements so that they can be shared with patients’ friends and families, thereby assuaging their concerns.

Second, given the evidence that potential medical tourists may have concerns about the quality of care in destination countries (e.g., Badam, 2005, *The Economist*, 2008; Mudur, 2003), it is possible that providers have deliberately chosen to emphasize safety and quality, advanced diagnostic equipment and treatment

facilities, and access to a suite of services familiar to patients in high income countries in order to combat the perception that medical care in developing economies is necessarily inferior. Accessing safe, quality medical care will be non-negotiable for international patients potentially facing life threatening conditions or considering engaging in surgery that, if done poorly, could cause permanent health problems or even death (Garcia-Altes, 2005). It is thus not surprising that statements such as “achieving quality through the relentless adherence to the protocols observed in some of the world’s leading hospitals” (Fortis International Patient Service Centre, n.d.) and “this world class hospital is well equipped with state of the art technology and draws the very best of medical talents from all over the world” (Kerala Institute of Medical Sciences, n.d.) were seen in the reviewed promotional materials. Without a clear indication that their health and welfare will be protected in hospitals in destination countries, potential patients may be unwilling even to consider engaging in medical tourism. Once potential patients have been convinced that they can receive safe, high quality care in destination countries, hospitals and facilitators/brokers may then proceed to introduce messages about cost savings and other advantages that can be offered. Alternatively, the potential for cost savings may be implicit and need not be stated, thus enabling the focus of promotion to be on safety and quality.

Third, in many instances the potential for cost savings is likely to hold true only for what are referred to as ‘north-south’ and ‘west-east’ medical tourists (i.e., those traveling from developed to developing nations) (The Economist, 2004; Lautier, 2008). It is thus possible that medical tourism hospitals and other companies avoid making cost saving claims that cannot be fulfilled for all international patients. For example, Kangas (2007) describes Yemeni patients who have taken out significant personal loans or gone into debt in order to access care abroad in India that is unavailable in Yemen. None of the materials we reviewed were aimed specifically at Canadian travelers; rather, they were generic and are likely to be given to interested parties in any number of countries. Promotional costs are likely to be more manageable if brochures, booklets, and flyers can be produced for all markets, rather than separate sets for potential international patients from developed nations and those from developing nations. Having generic promotional materials that do not mention cost savings, pricing, and particular currencies allows a wider distribution and enables them to be used different venues. For example, the India: Medical Tourism Destination 2010 event will be held in Kenya and Uganda (IMTD Africa 2010, 2010). Since the documents analyzed herein did not mention price points, it is possible that the material given to Canadian attendees will also be used for distribution in vastly different social and economic contexts at this upcoming event.

Fourth, it is possible that a greater proportion of messages about cost would simply crowd out or direct attention from quality messages, which were found in the themes of quality, specialization, advanced technology, and credentials and accreditation in the promotional materials reviewed, but might actually undermine them. Potential medical tourists are likely to have absorbed negative associations between lower cost and lower quality electronics, tires, toys, and many of the disposable ‘detritus’ of globalization coming from developing nations. In the context of medical care, the perception may be that cost savings must be achieved through lower quality technology, less well-educated staff, fewer safety precautions, and a lower overall quality of health care. One of the brochures acknowledges this, remarking that “saving money doesn’t mean lower quality care” (Companion Global Healthcare Inc., n.d.). While the medical tourism literature stresses that cost savings in well-run and accredited hospitals are achieved through lower labor costs, a lower cost of living, and lower medical malpractice costs

(Forgione & Smith, 2007), a nuanced message about the compatibility of high quality and low cost would be difficult to convey in the form of a pamphlet, brochure, or booklet. Given the non-negotiability of accessing high quality medical care, and the risk of potential patients associating low cost with low quality, from a marketing perspective it is sensible for medical tourism providers to stress the message of high quality.

Concluding discussion

When addressing the issue of why patients cross national borders in search of health care, many researchers and journalists alike emphasize the high costs of medical care in source nations and low costs of treatment in such leading destinations as India as a primary motivating factor (e.g., Shetty, 2010). Though we recognize that such cost gradients exist, and presumably play a part in influencing patient decision-making, thematic content analysis of promotional material from the first medical tourism trade show held in Canada suggests that hospitals and clinics in India use a variety of messages and images when trying to attract international patients. The cost of care is mentioned in some promotional materials, but prices are rarely specified and many other messages and images are shared with greater frequency. Meanwhile, cost messages and specific price points are often carried in promotional services for related businesses, such as tour operators selling travel packages to India (e.g., www.idiscoverindia.com), Canadian medical tourism facilitators/brokers (e.g., www.meditours.org/pricing.php), and Indian medical tourism facilitators/brokers (e.g., www.indushealthtours.com/price.php). For the hospitals themselves, however, we see emphasis placed on messages regarding international or national accreditation and promoting the wide range of specialized medical procedures offered to international patients. Emphasis on specialized treatment suggests that facilities wish to promote notions of competency, professionalism, and high quality care. Furthermore, images and descriptions of medical devices give the impression that hospitals seek to depict themselves as offering advanced, 'high tech' health care. Mention of follow-up care suggests that at least some destination hospitals understand the importance of addressing concerns about continuity of care and post-operative treatment.

The findings shared above suggest that medical facilities and related businesses use many messages to persuade prospective clients of the benefits of arranging health care in India. The 'story' the reviewed brochures, booklets, and flyers tell has many threads and includes, but is not reducible, to a narrative concerning cost savings. It is important to note that there are other possible explanations for the lack of cost savings messages in the promotional materials that have not been explored in depth in this article. One is that destination hospitals may choose not to advertise costs, instead preferring to offer individualized quotes after having had an initial consultation; this practice would enable them to tailor pricing information to individual patients' needs. Another is that there may be little cost difference for procedures between hospitals in India, and so hospitals instead focus on issues of safety and quality in order to draw patients to their facilities instead of going elsewhere. It is hoped that the present analysis will stimulate discussion of other possible explanations. Engaging advertising and promotion professionals from medical tourism hospitals in India and other destination nations in this discussion would be very useful for confirming the explanations offered herein and identifying new ones, which is an avenue for future research exploration.

As researchers concerned with studying medical tourism without sensationalizing it, we wish to acknowledge the limited public impact of the India: Medical Tourism Destination 2009 trade show. The event generated press coverage, and succeeded in drawing some prospective clients, but appeared to attract many fewer attendees than the organizers had hoped for. Light attendance could have been a product of poor marketing, limited interest among Canadians in purchasing health care in India, or other factors. Modest attendance aside, that the trade show was held in Canada specifically is of significance, as it suggests that medical tourism facilities in developing nations believe they can effectively promote their services to patients who may be willing to pay out-of-pocket despite living in countries with publicly-funded health care. This issue in particular warrants further research attention, as does the larger practice of promoting medical tourism to international patients, given that global interest in this practice appears to be growing (Connell, 2008; Ehrbeck et al., 2008).

In the introduction we noted that social and health scientists are paying increasing attention to the phenomenon of medical tourism. For example, in recent years important scholarship has emerged from anthropologists (e.g., Kangas, 2007), geographers (e.g., Warf, 2010), sociologists (e.g., Jenner, 2008), health care policy experts (e.g., Forgione & Smith, 2007), and bioethicists (e.g., Turner, 2007) alike. This scholarship demonstrates a keen interest among social and health scientists to critically assess the global medical tourism industry, including its impacts on individuals and nations. The present analysis serves as a useful contribution to addressing knowledge gaps within this literature. For example, health geographers have drawn attention to the need to understand patients' motivations for engaging in international medical travel, as such knowledge can assist with tailoring policy responses (Crooks, Kingsbury et al., 2010; Glinos, Baeten, Helble, & Maarse, in press). The analysis presented herein shows that the motivations commonly discussed in the international literature (e.g., cost savings) cannot be taken at face-value; instead, they need to be empirically examined from multiple stakeholder perspectives in order to be better understood. The present analysis also provides important insights into larger debates that exist within the social and health sciences. Continuing with the example of health geography, researchers in this discipline have longstanding interests in understanding the therapeutic or healing potential of health care environments, such as hospitals (e.g., Gesler, Bell, Curtis, Hubbard, & Francis, 2004; Kearns & Barnett, 2000; Williams, 2007). Our analysis of the international marketing of medical tourism makes two important contributions to this debate. First, it demonstrates the value in analyzing marketing materials as a way to understand how hospital environments are being promoted to patients, including whether or not they are being characterized as healing spaces. Second, we suggest that promotion of the clinical and technological aspects of India's medical tourism hospitals may be done to give peace of mind and comfort to patients and others in their social networks, which is in contrast to much of the literature that suggests that these same aspects may detract from the therapeutic potential of hospital environments (Crooks & Agarwal, 2009; Gesler, 1999; Gillespie, 2002). As research regarding the medical tourism industry continues, new contributions to existing scholarly debates in the social and health sciences are sure to emerge.

Scholarly publications examining the phenomenon of medical tourism have addressed various ethical, legal, economic, and social issues related to this practice. However, current research is hampered by limited empirical analysis of the emergence of a global marketplace in health services (Crooks, Kingsbury et al., 2010; Hopkins, Labonté, Runnels, & Packer, 2010; Lunt & Carrera, 2010). By focusing here on the promotional material developed by destination facilities in India, we hope to make a

meaningful contribution to careful, critical, and empirically-informed analyses of the medical tourism industry, the creation of a global market- place for health services, and the rise of India as a leading destination for international patients seeking care. Patients are indeed crossing national borders in search of health care, and social and health science researchers must follow them by adding a transnational level of analysis to the study of health systems, patient mobility, and patient decision-making. We intend to conduct interviews with Canadian patients who have traveled abroad for the purpose of obtaining health care to specifically explore their motivations for doing so. In addition to making a contribution to international scholarship on medical tourism, the present analysis has also helped us understand how destination facilities use marketing material to help shape decision-making and persuade patients to seek care at hospitals in India. The findings will thus inform our own future research.

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