Policy Reforms for Optimal Exploitation of the Country's Medical Tourism Potential

***Mohammed Aiyaz Samdani**

*Jain Research Scholar

Abstract

A Grant Thornton report the country's medical tourism market is worth USD 3 billion now. It is expected to cross the USD 8 billion mark by 2020. The industry grew at an impressive CAGR of 15 percent during 2010-15. This backdrop notwithstanding, the market structure remains flawed. Some non-accredited hospitals and some me-too medical travel facilitators have been hobbling the growth of the industry. According to a report jointly compiled by Deloitte and CII, 230,000 medical tourists visited the country in 2017.A diverse portfolio of niche tourism products comprised of cruises, adventure, medical, wellness, sports, eco-tourism, film and religious tourism counts among the demand drivers, according to the report. A rise in foreign citizens traveling to India to avail of medical services and the presence of world-class hospitals and skilled medical professionals are among the factors that have contributed to India becoming a preferred destination for medical tourism. Major surgeries conducted in India cost only a fraction of what they cost in developed countries. Sometimes, the cost could be as low as 10 percent, according to IBEF – Healthcare! The head start the country has and the enablers the country boasts of in the medical tourism space should not go unexploited. The issues that the industry is confronted with need to be identified and addressed with clinical precision not only to maintain its fast and impressive growth tempo but also to ensure that the industry constantly reinvents itself to optimise returns from its operations. The researcher infers that certain problems the medical tourists face have to be addressed forthwith by hospitals in conjunction with the medical travel facilitators. There are too few interpreters and translators around, to help the hospitals connect effectively with medical tourists who cannot speak English. The government of Karnataka has to take the lead to help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists. The visa-processing fee should be brought down so as to be in line with what our competitors in the neighbourhood like Thailand and Malaysia levy. In fact, the medical visa should be withdrawn altogether, according to the researcher.

Key words: CAGR; interpreters; niche products; non-accredited hospitals; tie-up; translators

1.1 Theoretical background of the problem

For some time now, India's medical tourism industry has been in the limelight for various reasons, the most important among the reasons being the country's ability to provide world-class medical solutions at Indian prices, a euphemism for lower prices. The industry has been growing at a CAGR of 15 percent even though the global economy has been going through a sluggish pace for quite some time. Interestingly, the future looks equally promising or more and the stakeholders, in particular the medical service providers or hospitals, have been trying to constantly reinvent themselves to ensure that the momentum gained is not lost.

1.2 Statement of the problem

Be that as it may, one has to admit that the industry still suffers from structural flaws and the networking across the stakeholder groups, in particular the medical tourists, the hospitals and the medical travel facilitators could be better. A holistic approach to the issues that confront the industry could lead to better returns for the stakeholders concerned and a healthier current account surplus on the balance of payments for the country. Thus it becomes necessary to focus on the problems the medical tourists face. Once these problems are identified and addressed, the inflow of medical tourists is bound to rise. Secondly, the policy governing the industry has to be reviewed and fine-tuned, if necessary. This is to be undertaken by the governments concerned, namely the government of India and the

government of Karnataka, in order to rev up the medical tourism industry in the state and the country. It is these problems the study seeks to identify and analyse in order to come up with appropriate remedies.

1.3 Review of literature

1. Since time immemorial, India has been a destination for healthcare seekers (Hrithik & Mamta, 2016). History tells us about the breakthroughs made by pioneers like Charaka and Sushruta in the Ayurvedic system of medicine .Today, India offers a rare mix of warm hospitality and state-of-the-art hospitals. The phrase "medical value travel" has come into vogue. It refers to the act of patients seeking healthcare beyond their national borders. Apparently, patients seek 'value' in the medical tourism destination they travel to. Medical tourism itself can be decomposed into two parts -- one part refers to people who seek rejuvenation in the destination concerned and the other part refers to people who seek curative care that they cannot access in their countries. The former features luxury while the latter offers economy. Importantly, it is for critical, terminal, specialist, intensive and tertiary care and treatment that foreign patients arrive in India.

2. According to the Indian Brand Equity Foundation (IBEF), the overall Indian healthcare market today is worth USD 100 billion (Hrithik & Mamta, 2016). It is expected to grow to USD 280 billion by 2020, implying a CAGR of 22.9 percent. Further, the Indian medical tourism industry is pegged at USD three billion per annum, with the tourist numbers estimated at 230,000. The Indian medical tourism industry is expected to reach the USD six billion mark by 2018. The tourist numbers will have doubled over the next four years. Globally, traditional leaders in medical tourism like Thailand and Singapore are being challenged by newer entrants like India and Turkey. Not to be left behind, players like Poland, Hungary, and Costa Rica are looming on the horizon to cash in on medical tourists from across Europe, the US and the UK.

3. According to SudarshanBallal, Chairman of leading healthcare provider Manipal Health Enterprises, the appropriate ingredients for an immaculate medical tourism programme are skilled doctors, state-of-the-art medical infrastructure that can ensure excellent medical care, particularly in niche spaces like transplants, joint replacements, cancer therapy, heart disease, and bariatric surgery in a host country destination that is well-connected, safe, and boasts of a good infrastructure – all at a cost that is a fraction of what the medical tourist concerned would have incurred in his / her own country. Citing cost advantage, Ballal states that in many fields, the cost-effectiveness is about 20 percent of what obtains in the advanced West. Trendy medical facilities and English proficiency in the destination constitute the relish that can add some zing to the package the Indian hospitals dangle before the foreign medical tourist.

4. Karnataka's tourism department has designed an accreditation policy for wellness hospitals (Healthbase, 2016). The policy came into force on Sep 1, 2009. The accreditation comes at three levels, namely, gold, silver and platinum. Each level comes with its own guidelines which the designated hospitals are required to comply with. A four-member committee will provide accreditation within two months after due inspection. The government hopes that the accreditation policy will ensure quality treatment for the patients. Hospitals hope that the accreditation policy will unify authentic health care service providers on the whole.

5. Patients from other countries visit Bengaluru to seek medical solutions to their diverse medical needs (Sreemoyee, 2016). The needs could range from general surgeries to joint replacements to neurosurgery to complex tertiary care procedures like paediatric cardiac surgeries and organ transplants (kidney and liver). It is believed in corporate hospital circles that quality healthcare, procedural outcomes, positive experiences of patients from the guest

country, lower cost of treatment , a warm local people and cordial services motivate the foreign medical tourists to choose Bengaluru.

1.4 Research gap

The reviewed research has done will to explain why India has emerged as a medical travel destination of repute. It also implies that Bangalore is well set to become a preferred medical travel destination provided certain supplementary measures are initiated by the associated stakeholders. But the reviewed literature has not revealed how the policy governing the medical tourism industry could be recast in order to ensure that the medical tourism industry grows even faster in the state of Karnataka in particular and in India in general. It is this gap the present study seeks to plug.

1.5 Scope of the study

The study confines itself to the major stake-holders, namely, foreign patients, hospital managements and consultants based out of Bangalore, Karnataka.

1.6 Objectives of the study

The objectives of the study are to:

1. Identify the problems the foreign patients / medical tourists face

2. Define policy level measures to raise medical tourist arrivals in Karnataka in particular and the country in general

1.7 Hypothesis proposed to be tested

The study proposes to test the following hypothesis:

“There is an association between the state government helping the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc and tourist arrivals”

1.8 Research design

The following paragraphs explain how the research is designed.

1.8.1 Research methodology

The study is descriptive in nature and uses the ‘fact-finding’ survey method. Interview schedules specially designed for the purpose were administered to the respondents for collection of primary data. Being a structured / directive interview, the interview was conducted with a detailed standardised schedule.

1.8.2 Sources of data

Data required for the research has been collected from both primary and secondary sources. Primary data has been collected from investors, traders and consultants.

Secondary data has been collected from the offices and web sites of entities like ITDC, the financial press, associations representing tourism industry stakeholders like the Indian Association of Tour Operators (IATO), the Association of Tourism Trade Organisations, India (ATTOI), Travel Agents Association Of India (TAAI), the Federation of Associations in Indian Tourism and Hospitality (FAITH), ministry of tourism and web sites of the government of Karnataka and the government of India and the portals of various medical tourism players. Since secondary data is sourced from authorised and reliable agencies / entities, the Researcher is confident it will be closest to being accurate. Inaccuracy, if any, will be too insignificant to impact the findings of the study.

1.8.3 Sampling plan

Foreign patients: Given the limited number of investors in the area covered by the study, purposive or judgement sampling under the non-probability method has been deployed. The

researcher selected 30 foreign patients for the purpose of the study. This criterion, according to the researcher, is the most appropriate one for the present study. What are important are the typicality and the relevance of the sampling units to the study and not their overall representativeness to the population. Thus it guarantees inclusion of the relevant elements in the sample. Probability sampling plans cannot give such a guarantee.

Hospital managements: Given the limited number of hospitals catering to foreign patients visiting Bangalore, purposive or judgement sampling under the non-probability method has been deployed. The researcher selected 30 hospital managements for the purpose of the study. This criterion, according to the researcher, is the most appropriate one for the present study. What is important is the typicality and the relevance of the sampling units to the study and not their overall representativeness to the population. Thus it guarantees inclusion of the relevant elements in the sample. Probability sampling plans cannot give such a guarantee.

Consultants: Given the limited number of consultants operating in the area covered by the study, purposive or judgement sampling under the non-probability method has been deployed. The researcher selected 30 consultants operating in the area covered by the study at least for the past ten years. This criterion, according to the researcher, is the most appropriate one for the present study. What are important are the typicality and the relevance of the sampling units to the study and not their overall representativeness to the population. Thus it guarantees inclusion of the relevant elements in the sample. Probability sampling plans cannot give such a guarantee.

1.8.4 Data collection instruments

Interview schedules, specially designed for the purpose, were drafted and pre-tested in order to identify the possible weaknesses in the instrument. Upon receipt of feedback, they were appropriately revised and finalised for administration to the respondents for collection of primary data.

The Interview Schedules featured open questions and closed questions. Open questions were included since the objective was to identify opinions, ascertain degrees of knowledge and seek suggestions and more information. In some cases, the subject matter of the question could be outside the range of the respondent's experience and hence open questions were deemed a better alternative. Further, open questions would help in determining the depth of the feelings and intensity of the expressions of the respondent (Krishnaswamy & Ranganatham, 2005). Open questions might give the respondent a chance to think through the topic. Since it is practically impossible for the researcher to assess the level of information possessed by the respondent, open questions came in handy. The response freedom inherent in open questions could elicit a variety of frames of references from the respondent, which might provide unanticipated insights. Given the qualitative nature of the values the variables would elicit from the respondents, they could lend themselves ideally to statistical tools like Likert scale and chi-squared test.

1.8.5 Data processing and analysis plan

Non-parametric statistical units were used to test the association between some qualitative characters and conclusions were drawn on the basis of formation of H_o and H_1. To be specific, Likert scale and chi-square test were applied to test the hypotheses.

1.8.6 Limitations of the study

Primary data has at times been deduced through constant topic-oriented discussions with the respondents. It is possible that a certain degree of subjectivity, albeit negligible, has found its way in. In addition, one has to admit that the respondents, being human, could err. Hence, the researcher would like to admit that the findings of the thesis, which draw equally heavily from the discussions the researcher held with the said respondents, may have been affected,

albeit to a negligible extent. In the circumstances, it will not affect the accuracy of the findings of the study.

1.9 Analysis of primary data collected from the 30 foreign patients

In the following paragraphs, the primary data collected from the 30 foreign patient respondents is analysed.

1.9.1 Problems that the foreign patients face

At least three important categories of stakeholders associated with the medical tourism industry, namely foreign patients, hospitals and medical travel facilitators are confronted with various problems in the discharge of their duties. If a way out of these problems could be found, it would help the medical tourism industry as a whole to function smoothly and seamlessly. It would help the stakeholders to give a good account of them too. Hence the researcher requested the respondents to reveal the problems they face. Their replies to the query appear in the following Table.

Table-1

Problems that the foreign patients face

Problems	Number of respondents
Regulation requiring the sick medical tourists to report to the police station	27
Poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia	26
Hospitals unable to connect effectively with patients who cannot speak English	22

According to 27 respondents, the regulation requiring the sick medical tourists to report to the police station poses a problem. According to 26 respondents, poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia, poses a problem. According to 22 respondents, the inability of hospitals to connect effectively with patients who cannot speak English poses a problem.

1.9.2 Policy level measures to improve tourist arrivals

Private initiative notwithstanding, policy level measures are needed to raise the incoming medical tourist numbers. In other words, the government should supplement the role played by hospitals and the medical travel facilitators to improve tourist arrivals through its policy mechanism. Hence the researcher requested the respondents to suggest the policy level measures required for the purpose. Their replies to the query appear in the following Table.

Table-2

Policy level measures to improve tourist arrivals

Measures	Number of respondents
Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka	27
The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists	26
Issue of multiple-entry visa for a year should be permitted	24

Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka, according to 27 respondents. The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists, according to 26 respondents. Issue of multiple-entry visa for a year should be permitted, according to 24 respondents.

1.10 Analysis of primary data collected from the 30 hospital management respondents

In the following paragraphs, the primary data collected from the 30 hospital management respondents is analysed.

1.10.1 Problems that the foreign patients face

At least three important categories of stakeholders associated with the medical tourism industry, namely foreign patients, hospitals and medical travel facilitators are confronted with various problems in the discharge of their duties. If a way out of these problems could be found, it would help the medical tourism industry as a whole to function smoothly and seamlessly. It would help the stakeholders to give a good account of themselves too. Hence the researcher requested the respondents to reveal the problems they face. Their replies to the query appear in the following Table.

Table-3

Problems that the foreign patients face

Problems	Number of respondents
Regulation requiring the sick medical tourists to report to the police station	27
Too few interpreters and translators around, to connect effectively with patients who cannot speak English	26
Failure of medical travel facilitators to properly catalogue and archive the medical tourists and their health problems for onward transmission to hospitals	26
Visa processing exercise too involved and time-consuming	25
Poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia	24

According to 27 respondents, the regulation requiring the sick medical tourists to report to the police station poses a problem. Too few interpreters and translators around, to connect effectively with patients who cannot speak English poses a problem, according to 26 respondents. Failure of medical travel facilitators to properly catalogue and archive the medical tourists and their health problems for onward transmission to hospitals poses a problem according to 26 respondents. Visa processing exercise too involved and time-consuming, according to 25 respondents. According to 24 respondents, poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia, poses a problem.

1.10.2 Policy level measures to improve tourist arrivals

Private initiative notwithstanding, policy level measures are needed to raise the incoming medical tourist numbers. In other words, the government should supplement the role played by hospitals and the medical travel facilitators to improve tourist arrivals through its policy mechanism. Hence the researcher requested the respondents to suggest the policy level measures required for the purpose. Their replies to the query appear in the following Table.

Table-4

Policy level measures to improve tourist arrivals

Measures	Number of respondents
The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists	27
Medical visa should be withdrawn altogether or issued upon arrival if the tourist can prove that he / she has the money needed for the treatment	27
The regulatory regime should prohibit entry of unorganised healthcare providers by mandating appropriate accreditation and certification.	27
Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka	26
The visa processing fee should be reduced to be in line with the fee levied in countries like Thailand, Malaysia, etc.	25

The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists, according to 27 respondents. Medical visa should be withdrawn altogether or issued upon arrival if the tourist can prove that he / she has the money needed for the treatment, according to 27 respondents. The regulatory regime should prohibit entry of unorganised healthcare providers by mandating appropriate accreditation and certification, according to 27 respondents. Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka, according to 26 respondents. The visa processing fee should be reduced to be in line with the fee levied in countries like Thailand, Malaysia, etc, according to 25 respondents.

1.11 Analysis of primary data collected from the 30 consultant respondents

In the following paragraphs, the primary data collected from the 30 medical travel facilitator respondents is analysed.

1.11.1 Problems that the foreign patients face

At least three important categories of stakeholders associated with the medical tourism industry, namely foreign patients, hospitals and medical travel facilitators are confronted with various problems in the discharge of their duties. If a way out of these problems could be found, it would help the medical tourism industry as a whole to function smoothly and seamlessly. It would help the stakeholders to give a good account of themselves too. Hence

the researcher requested the respondents to reveal the problems they face. Their replies to the query appear in the following Table.

Table-5

Problems that the foreign patients face

Problems	Number of respondents
Regulation requiring the sick medical tourists to report to the police station	27
Failure of medical travel facilitators to properly catalogue and archive the medical tourists and their health problems for onward transmission to hospitals	27
Poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia	27
Visa processing exercise too involved and time-consuming	26
Too few interpreters and translators around at hospitals, to connect effectively with patients who cannot speak English	25

According to 27 respondents, the regulation requiring the sick medical tourists to report to the police station poses a problem. Failure of medical travel facilitators to properly catalogue and archive the medical tourists and their health problems for onward transmission to hospitals poses a problem according to 27 respondents. Poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia poses a problem according to 27 respondents. Visa processing exercise too involved and time-consuming, according to 26 respondents. Too few interpreters and translators around, to connect effectively with patients who cannot speak English poses a problem, according to 25 respondents.

1.11.2 Policy level measures to improve tourist arrivals

Private initiative notwithstanding, policy level measures are needed to raise the incoming medical tourist numbers. In other words, the government should supplement the role played by hospitals and the medical travel facilitators to improve tourist arrivals through its policy mechanism. Hence the researcher requested the respondents to suggest the policy level measures required for the purpose. Their replies to the query appear in the following Table.

Table-6

Policy level measures to improve tourist arrivals

Measures	Number of respondents
The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists	27
Medical visa should be withdrawn altogether or issued upon arrival if the tourist can prove that he / she has the money needed for the treatment	27
The regulatory regime should prohibit entry of unorganised healthcare providers by mandating appropriate accreditation and certification.	27
Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka	26
The visa processing fee should be reduced to be in line with the fee levied in countries like Thailand, Malaysia, etc.	25

The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists, according to 27 respondents. Medical visa should be withdrawn altogether or issued upon arrival if the tourist can prove that he / she has the money needed for the treatment, according to 27 respondents. The regulatory regime should prohibit entry of unorganised healthcare providers by mandating appropriate accreditation and certification, according to 27 respondents. Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka, according to 26 respondents. The visa processing fee should be reduced to be in line with the fee levied in countries like Thailand, Malaysia, etc, according to 25 respondents.

1.12 Summary of findings

In the following paragraphs, a summarised version of the findings arrived at, by analysing the primary data furnished by respondents, is furnished:

1.12.1 Foreign patients

1. According to 27 respondents, the regulation requiring the sick medical tourists to report to the police station poses a problem. According to 26 respondents, poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia, poses a problem. According to 22 respondents, the inability of hospitals to connect effectively with patients who cannot speak English poses a problem.

2. Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka, according to 27 respondents. The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists, according to 26 respondents. Issue of multiple-entry visa for a year should be permitted, according to 24 respondents.

1.12.2 Hospital management respondents

3. According to 27 respondents, the regulation requiring the sick medical tourists to report to the police station poses a problem. Too few interpreters and translators around, to connect effectively with patients who cannot speak English poses a problem, according to 26 respondents. Failure of medical travel facilitators to properly catalogue and archive the medical tourists and their health problems for onward transmission to hospitals poses a problem according to 26 respondents. Visa processing exercise too involved and time-consuming, according to 25 respondents. According to 24 respondents, poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia, poses a problem.

4. The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists, according to 27 respondents. Medical visa should be withdrawn altogether or issued upon arrival if the tourist can prove that he / she has the money needed for the treatment, according to 27 respondents. The regulatory regime should prohibit entry of unorganised healthcare providers by mandating appropriate accreditation and certification, according to 27 respondents. Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka, according to 26 respondents. The visa processing fee should be reduced to be in line with the fee levied in countries like Thailand, Malaysia, etc, according to 25 respondents.

1.12.3 Consultant respondents

5. According to 27 respondents, the regulation requiring the sick medical tourists to report to the police station poses a problem. Failure of medical travel facilitators to properly catalogue and archive the medical tourists and their health problems for onward transmission to hospitals poses a problem according to 27 respondents. Poor flight connectivity between Bangalore and the countries the medical tourists are from, like the Middle East, Africa and South East Asia poses a problem according to 27 respondents. Visa processing exercise too involved and time-consuming, according to 26 respondents. Too few interpreters and translators around, to connect effectively with patients who cannot speak English poses a problem, according to 25 respondents.

6. The state government should help the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc, to mobilise medical tourists, according to 27 respondents. Medical visa should be withdrawn altogether or issued upon arrival if the tourist can prove that he / she has the money needed for the treatment, according to 27 respondents. The regulatory regime should prohibit entry of unorganised healthcare providers by mandating appropriate accreditation and certification, according to 27 respondents. Government policy should incentivise the promotion of JCI-accredited and NABH-accredited hospitals come up in Bangalore and other cities of Karnataka, according to 26 respondents. The visa processing fee should be reduced to be in line with the fee levied in countries like Thailand, Malaysia, etc, according to 25 respondents.

1.13 Conclusions

Conclusions are inferences / generalisations drawn from the findings and relate to hypotheses. They are answers to the research questions or the statements of acceptance or

rejection of hypotheses. As explained already, this study proposes to test the following hypothesis:

"There is an association between the state government helping the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc and tourist arrivals**"**

Hence H_0 and H_1 are as follows:

H_0: There is no association between the state government helping the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc and tourist arrivals

H_1: There is an association between the state government helping the hospitals forge tie-ups with countries from East Africa, GCC, SAARC, etc and tourist arrivals

On the basis of the primary data collected from the respondents, vide Tables: 2, 4 and 6, a chi-square test was applied to ascertain the association, if any, between the three variables. The following Table reveals the computation made using MS-Excel.

Category	**Observed Values**		
	Yes	*No*	*Total*
Foreign patients	26	4	30
Hospital managements	27	3	30
Consultants	27	3	30
Total	*80*	*10*	*90*
Expected Values			
Category	*Yes*	*No*	*Total*
Foreign patients	26.66666667	3.333333333	30
Hospital managements	26.66666667	3.333333333	30
Consultants	24	6	30
Total	*77.33333333*	*12.66666667*	*90*
	Yes	*No*	
o-e	-0.6667	0.6667	
	0.3333	-0.3333	
	3.0000	-3.0000	
(o-e)^2	1.0000	1.0000	
	1.0000	1.0000	
	1.0000	1.0000	
((o-e)^2)/e	0.0375	0.3000	
	0.0375	0.3000	
	0.0417	0.1667	
CV	*0.1167*	*0.7667*	*0.8833*
TV			*5.991464547*
p			*0.72*

The calculated value of χ^2 is *0.8833*, lower than the table value of *5.991465* for an alpha of 0.05 at two degrees of freedom. Hence the null hypothesis is accepted and the research hypothesis is rejected.

1.14 Recommendations

The following are the researcher's recommendations:

1. Foreign tourists are bound to have difficulty in communicating with the various stakeholders like doctors, intermediaries and the regulators. It is imperative that all hospitals install help-desks manned by people who are familiar with the language the medical tourist is familiar with. Communication is vital in this industry since even the smallest communication gap could mislead the doctor, leaving the patient worse than he / she was before. All medical decisions are based on what the patient communicates to the doctors with regard to his / her illness. For all one knows, the patient may pay with his / her life for no fault of his / hers owing to the gap the wrongly-comprehended communication may give rise to. Hence the researcher strongly recommends that the hospitals be not penny wise and pound foolish in the matter. They should necessarily install multi-lingual help desks and have translators and interpreters on their rolls. The researcher suggests that the law mandate the installation of the said help desks and the appointment of translators / interpreters too.

2. The regulator should mandate the medical travel facilitators to archive the medical tourists' health-related data. This will ensure that the doctor is in a position to diagnose the problem as accurately as possible. This in turn will help the doctor treat the patient effectively thereby leading the patient to recover at the earliest. The turnaround time for the hospital in such cases will come down perceptibly and at the end of the day the exercise will leave all the major stakeholders, namely, the doctor, the patient and the facilitator happy.

3. The state government and the hospitals should tie up with countries in East Africa, GCC, SAARC, etc, to improve medical tourist arrivals in Karnataka. The government of Tamilnadu has succeeded in the medical tourism field by forging such tie-ups. It should not be difficult for the government of Karnataka to emulate the Tamilnadu government in the matter.

4. Government should ensure that the visa processing fee is not prohibitive. In no case it should surpass the fee levied by Thailand, Malaysia, etc, our competitors in this part of the world in the medical tourism space.

5. Hospitals should constitute a consortium to assume responsibility for accreditation, international marketing, liaison, quality control, etc, in the medical tourism space. This is a subtle marketing strategy too, at the national level, leading to improved foreign tourist footfalls for the hospitals and for the country.

6. Hospitals should draw up a strategy to attract medical tourists suffering from other health problems and ailments too. It need not be life-threatening ailments alone all the time. Other ailments too can fetch business for the hospitals.

7. Government should ensure through appropriate regulations that unfair trade practices like differential pricing do not put down roots in the medical tourism space. Hospitals engaging in such abominable practices should be punished exemplarily.

1.15 References

1. Healthbase. (2016, October 7). *Home: Healthbase*. Retrieved from Healthbase Web site: http://www.healthbase.com/resources/medical-tourism/medical-tourism-india/indian-state-of-karnataka-introduces-accreditation-policy-for-wellness-hospitals.html

2. Hrithik, K. B., & Mamta, B. (2016, May 16). *Supplements: Deccan Herald*. Retrieved from Deccan Herald Web site: http://www.deccanherald.com/content/546641/india-charting-medical-tourism-map.html

3. Sreemoyee, C. (2016, May 27). *Home: Times of India*. Retrieved from Times of India Web site: http://timesofindia.indiatimes.com/city/bengaluru/88000-foreign-patients-came-to-Bengaluru-over-past-two-years/articleshow/52458831.cms