

# Rehabilitation Tourism as a Part of Medical Tourism

## Turystyka rehabilitacyjna jako część turystyki medycznej

Vitalii Pashkov<sup>1</sup>, Andrii Harkusha<sup>2</sup>, Yevgen Gnedyk<sup>3</sup>

<sup>1</sup>Chair of the Department of Civil, Commercial and Environmental Law, Poltava Law Institute, Ukraine

<sup>2</sup>Department of Civil, Commercial and Environmental Law, Poltava Law Institute, Ukraine

<sup>3</sup>Department of Commercial law, Yaroslav the Wise National Law University, Ukraine

### SUMMARY

**Introduction:** Relatively modern definitions “medical tourism”, “thermal tourism” and “health tourism” refer to treatments or surgery that have been planned in advance to take place outside a patient’s usual place of residence. Diversification of motivation of such patients adds complexity to the general medical tourism market, because their motivation could be based on distinctive factors as: lower costs of procedures in less-developed countries/ higher level of services in developed countries; the aim to avoid their home country’s health care waiting lists for certain surgical procedures/ avoid law restrictions or limitations; belief in the healing potential of alternative procedures or medicines/ anxiety for low level of domestic medicine etc. Such complex paradigm rises theoretical and practical problematic of inner structure of medical tourism, definition of its element’s placement and controversies of medical tourism, medical outsourcing and such. Our goal is to define the role, general concept and placement of rehabilitation medical tourism (or medical tourism with rehabilitation aim) in scope of global medical tourism. Rehabilitation can play a significant role in improving healthcare tourism prospects, which is confirmed by vast and successful experience of Western European, Asian, African countries, USA etc. Providing rehabilitation services illustrates the huge potential this sector holds in developing of international health tourism in general.

**Material and Methods:** Scientific discussion on medical tourism as a whole and tourism with rehabilitation aim as a part, World Health Organization, EU and US acts. Article is based on dialectical, comparative, analytic, synthetic and comprehensive research methods.

**Discussion:** There are obvious tendencies of globalization in which the new, diversified alternative types of tourism are separated from classical tourism. The concentration of them allows increasing the profitability of tourist services and raising the level of access to new markets – domestic and international. One of the newest and more progressive forms of tourism with undisputable social and economic potential is medical tourism (according to the International Medical Statistics (Medical Insights International), revenues from medical tourism each year increase by 20% and positive social effect of medical tourism does not require any confirmation. There are narrow and broad approaches to define medical tourism in today’s doctrine with prevailing of narrow one. From our view, key point is to assume medical tourism not as a fragmental onetime action by customer to satisfy his appropriate needs but as complex activity of various involved subjects. Travelling outside the local environment to receive medical services could be defined only as travelling for medical purposes (and the person – a medical traveler). Whole activities that include this kind of travelling, medical services and direct or indirect interaction with other tourism resources may be defined as medical tourism. Talking about rehabilitation tourism place in such concept we must consider what “rehabilitation tourism” is, define the term in its comparison with general definition – medical tourism. Rehabilitation tourism (or tourism with rehabilitation aim) logically consists of two terms: “rehabilitation” and “tourism” (medical tourism). Rehabilitation is a process that allows people with movement disabilities and major or long-term illnesses to maintain optimal physical, intellectual, psychological and social condition. According to the main aim and motivation, tourists in rehabilitation tourism could be grouped into four categories: tourists who get medical treatment while on vacation; tourists with travel and treatment purposes; tourist patients; regular patients. Complexity of communication between contractors provide different models of international rehabilitation tourism: first-hand (direct) rehabilitation tourism, when consumer arranges his travel for medical rehabilitation treatment to another country by himself and mediated (sponsored) rehabilitation tourism. Active broadening of medical rehabilitation tourism rises natural question about perspectives, risks and opportunities of such a development for tourist’s domestic country, for country of medical traveling and for customer himself.

**Conclusion:** Rehabilitation tourism is an inalienable but self-sufficient part of medical tourism with all its characteristics, general concept, risks and opportunities. “Rehabilitation tourism” could be defined as complex activity of customer, who travels abroad, and other involved subjects aimed to improve function and minimize impairment related to activities that may have been hampered by illnesses or injuries and achieving of acceptable level of wellbeing. Western tourists travel internationally for cheaper procedures, while Eastern travel regionally to avoid price-related rationing in their states of residence. Developed countries’ medical centers outsource patient and hospital services in search of reduced professional labor costs or surplus professionals. Those tendencies of global medical tourism affect rehabilitation tourism as its part. However, specific of rehabilitation as medical treatment allows to overtake some aspects of negative effect because of uniqueness (geographical, climatic etc.) of some rehabilitation services’ providers. Such specific could be useful for developing countries which objectively can not be in competition with developed countries in providing other kinds of medical tourism services. Rehabilitation tourism in last few years expands and becomes more institutionalized, but complexity of internal communications between its participants, complex models of organization rises problematic of further development from scientific and practical points of view.

**Key words:** rehabilitation tourism, medical tourism

## STRESZCZENIE

**Wstęp:** Stosunkowo nowe terminy „turystyka medyczna”, „turystyka uzdrowiskowa” i „turystyka zdrowotna” odnoszą się do metod leczenia lub zabiegów chirurgicznych, które zostały wcześniej zaplanowane i mają miejsce poza miejscem zamieszkania pacjenta. Różnorodność motywacji, którymi kierują się pacjenci komplikuje ogólny rynek turystyki medycznej, ponieważ motywacje pacjentów mogą być podyktowane szeregiem zróżnicowanych czynników, takich jak: niższe koszty procedur w krajach słabiej rozwiniętych; wyższy poziom usług w krajach rozwiniętych; omińnięcie listy oczekujących na dany zabieg chirurgiczny w swoim kraju ojczystym; uniknięcie restrykcji prawnych lub ograniczeń; przekonanie o możliwościach leczenia alternatywnymi metodami lub lekami; obawy przed niskim poziomem medycyny krajowej, itp. Taki złożony paradygmat powoduje teoretyczny, jak i praktyczny problem wewnętrznej struktury turystyki medycznej, definicji jej elementów, outsourcingu usług medycznych i tym podobnych. Naszym celem jest określenie roli, ogólnej koncepcji i umiejscowienia rehabilitacyjnej turystyki medycznej (lub turystyki medycznej z celem rehabilitacyjnym) w zakresie globalnej turystyki medycznej. Rehabilitacja może odegrać znaczącą rolę w poprawie perspektyw turystyki zdrowotnej, co potwierdzają bogate i udane doświadczenia krajów Europy Zachodniej, Azji, Afryki, czy też USA. Zapewnienie usług rehabilitacyjnych ilustruje ogromny potencjał tego sektora w rozwoju międzynarodowej turystyki zdrowotnej w ogóle.

**Materiał i metody:** Dyskusja naukowa na temat turystyki medycznej jako całości oraz turystyki rehabilitacyjnej jako jej części wraz z omówieniem z nią związanych aktów prawnych przygotowanych przez WHO, Unię Europejską oraz USA. Artykuł opiera się na dialektycznych, porównawczych, analitycznych, syntetycznych i kompleksowych metodach badawczych.

**Dyskusja:** Istnieją oczywiste tendencje globalizacji, w których nowe, zróżnicowane alternatywne rodzaje turystyki są oddzielone od turystyki klasycznej. Ich koncentracja pozwala na zwiększenie rentowności usług turystycznych i podniesienie poziomu dostępu do nowych rynków - krajowego i międzynarodowego. Jedną z najnowszych i bardziej progresywnych form turystyki o niepodważalnym potencjale społecznym i gospodarczym jest turystyka medyczna. Według Międzynarodowych Statystyk Medycznych (ang. *Medical Insights International*) przychody z turystyki medycznej każdego roku zwiększają się o 20%, a pozytywny społeczny efekt turystyki medycznej nie wymaga dodatkowego potwierdzenia. Obecnie spotyka się definiowanie turystyki medycznej w węższym i szerszym ujęciu, niemniej jednak przeważa to pierwsze. Z naszego punktu widzenia kluczową kwestią jest pojmowanie turystyki medycznej nie jako fragmentarycznego jednorazowego działania klienta, aby zaspokoić odpowiednie potrzeby, ale jako złożonej działalności różnych zaangażowanych podmiotów. Podróżowanie poza lokalne środowisko w celu skorzystania z usług medycznych może być zdefiniowane wyłącznie jako podróżowanie w celach medycznych (i definiowanie osoby jako podróżnika medycznego). Cała działalność obejmująca tego rodzaju podróże, usługi medyczne oraz bezpośrednią lub pośrednią interakcję z innymi usługami turystycznymi może być zdefiniowana jako turystyka medyczna. Mówiąc o miejscu turystyki rehabilitacyjnej w takiej koncepcji musimy zastanowić się czym jest «turystyka rehabilitacyjna», zdefiniować ją w kontekście definicji ogólnej, tj. turystyki medycznej. Turystyka rehabilitacyjna (lub turystyka w celu rehabilitacji) logicznie składa się z dwóch terminów: «rehabilitacja» i «turystyka» (turystyka medyczna). Rehabilitacja to proces, który pozwala osobom z niepełnosprawnością ruchową i poważnymi lub długotrwałymi chorobami zachować optymalną kondycję fizyczną, intelektualną, psychiczną i społeczną. Zgodnie z głównym celem i motywacją, turyści w turystyce rehabilitacyjnej mogą być podzieleni na cztery kategorie: turyści, którzy otrzymują leczenie podczas wakacji; turyści, których celem jest podróż i leczenie; turyści jako pacjenci oraz tzw. regularni pacjenci. Złożoność komunikacji między kontrahentami jest powodem występowania różnych form międzynarodowej turystyki rehabilitacyjnej: bezpośredniej turystyki rehabilitacyjnej (z tzw. pierwszej ręki), gdy konsument organizuje samodzielnie swoją podróż do innego kraju w celu leczenia rehabilitacyjnego oraz pośredniej (sponsorowanej) turystyki rehabilitacyjnej. Stały wzrost popularności turystyki rehabilitacji medycznej rodzi naturalne pytanie o perspektywy, zagrożenia i możliwości takiego rozwoju dla rodzimego kraju turysty, kraju docelowych podróży medycznych, jak i samego klienta.

**Wnioski:** Turystyka rehabilitacyjna jest nieodzowną, lecz samowystarczalną częścią turystyki medycznej, z jej wszystkimi cechami, ogólną koncepcją, ryzykiem i możliwościami. «Turystyka rehabilitacyjna» może być zdefiniowana jako złożona aktywność klienta, który wyjeżdża za granicę, oraz innych zaangażowanych podmiotów, której celem jest poprawa funkcjonowania, zminimalizowanie upośledzenia sprawności związanej z chorobami lub urazami oraz osiągnięcie akceptowalnego poziomu dobrostanu. Turyści z Zachodu podróżują po całym świecie w celu skorzystania z tańszych procedur, podczas gdy obywatele ze Wschodu podróżują po regionie w celu uniknięcia limitowania usług w ich państwach zamieszkania. Ośrodki medyczne krajów rozwiniętych zlecają usługi na zewnątrz w celu poszukiwania oszczędności w ograniczeniu kosztów pracy lub w poszukiwaniu wykwalifikowanych specjalistów. Te tendencje globalnej turystyki medycznej mają wpływ na turystykę rehabilitacyjną. Jednak specyfika rehabilitacji jako leczenia medycznego pozwala zniwelować pewne minusy niektórych oferentów usług rehabilitacyjnych dzięki ich wyjątkowości, np. lokalizacji geograficznej czy też wyjątkowości klimatu. Taka sytuacja może być korzystna dla krajów rozwijających się, które obiektywnie nie mogą konkurować z krajami rozwiniętymi w zakresie świadczenia innych rodzajów usług (niż rehabilitacyjnych) w ramach turystyki medycznej. Turystyka rehabilitacyjna w ciągu ostatnich kilku lat staje się coraz bardziej popularna, jak i coraz bardziej zinstytucjonalizowana. Jednakże z naukowego i praktycznego punktu widzenia złożoność komunikacji wewnętrznej między jej uczestnikami oraz złożone modele organizacji stwarzają pewne problemy w kontekście dalszego rozwoju.

**Słowa kluczowe:** turystyka rehabilitacyjna, turystyka medyczna

## INTRODUCTION

Relatively modern definitions “medical tourism”, “thermal tourism” and “health tourism” refer to treatments or surgery that have been planned in advance to take place outside a patient’s usual place of residence. [1, p. 318]. Globalization of today’s world rises the tendency not only for traveling of patients from less-developed countries seeking superior health care in industrialized countries [2] but also for patients from industrialized countries to less-developed countries for cheaper (but not worse) medical treatment [3, 4]. Diversification of motivation of such patients adds complexity to the general medical tourism market, because their motivation could be based on distinctive factors as: lower costs of procedures in less-developed countries/ higher level of services in developed countries; the aim to avoid their home country’s health care waiting lists for certain surgical procedures/ avoid law restrictions or limitations; belief in the healing potential of alternative procedures or medicines/ anxiety for low level of domestic medicine etc.

Such complex paradigm rises problematic of inner structure of medical tourism, definition of its elements placement and controversies of medical tourism, medical outsourcing and such.

Our goal is to define the role, concept and placement of rehabilitation medical tourism (or medical tourism with rehabilitation aim) in scope of global medical tourism. Rehabilitation can play a significant role in improving healthcare tourism prospects, which is confirmed by vast and successful experience of Western European, Asian, African countries, USA etc [5, 6].

Providing rehabilitation services illustrates the huge potential this sector holds in developing of international health tourism.

## MATERIAL AND METODS

Scientific discussion on medical tourism as a whole and tourism with rehabilitation aim as a part, World Health Organization, EU and US acts. Article is based on dialectical, comparative, analytic, synthetic and comprehensive research methods.

## DISCUSSION

There are obvious tendencies of globalization in which the new, diversified alternative types of tourism are separated from classical tourism, the concentration of which allows increasing the profitability of tourist services and raising the level of access to new markets - domestic and international ones.

One of the logical and inevitable consequences of the diversification of the tourist services market was the spread of tourism to other wide range of service areas and establishment of specialized international organizations such as International Hotel Association (IHA), International Association of Congress Business (ICCA), International Bureau of Social Tourism (BITS), International Youth Tourism Bureau (BITEJ), etc. The number of such professional associations continues to grow steadily [7].

One of the newest and more progressive forms of tourism with undisputable social and economic potential is medical tourism (according to the International Medical Statistics (Medical Insights International), revenues from medical tourism each year increase by 20% and positive social effect of medical tourism does not require any additional confirmation) [8, 9].

Social researcher’s results of last few years of financial crisis attests that almost all family budget articles are subject to savings except of medical services, which is a vital sphere for anyone. Access to rehabilitation is a basic human right, guaranteed by United Nations Charter (1993), European Year for People with Disabilities (2003), 58th Resolution of the World Health Assembly (2005), national anti-discriminative legislation acts etc.

So, what is medical tourism as a whole, and rehabilitation tourism as a part? There is no universal definitions of them in nowadays doctrine. Most popular definitions of medical tourism in doctrine are:

- “Includes travel concept but is not surprising the gravity that is resulting from patient mobility” [10].
- “A term that suggests leisure to restore health, disregarding the suffering experienced by patients” [11].
- “Those activities related to a person who often travels on long distances across the border for health services with direct or indirect involvement in leisure” [12].
- “Patients traveling abroad to receive medical treatment or do regular medical examination” [13].
- “Economic activity involving trade services and is joining at least two areas: medicine and tourism” [14].
- “Tourism activity involving a medical procedure combined with activities that promote tourist wellbeing” [15].
- “Patients who go abroad for surgical medical treatment” [16].
- “People who go to another country for a period of at least 24 hours to treat diseases, maintain health (yoga, massage), beauty (plastic surgery) and for fertility treatment” [17].
- “Vertical development for some tourism products by tour operators who contain health care services” [18].

According to the definition by the World Tourism Organization (UNWTO), the main goal of people who travel is to use advanced health services in other countries or regions. Almost all the concepts of medical tourism refers to a wide range of tourist activities to maintain health. Health tourism is “the borderland of medicine and tourism in which businesses in the field of tourism and health-care institutions organize the stay of tourists in therapeutic-climate and health resorts, primarily for the purpose of disease prevention, rehabilitation and therapy using natural factors” [19].

Key point is to assume medical tourism not as a fragmental onetime action by customer to satisfy his appropriate needs but as complex activity of various involved subjects. Travelling outside the local environment to receive medical services can be defined only as travelling for medical purposes (and the person – a medical traveler). Whole activities that include this kind of travelling, medical services and direct or indirect interaction with other tourism resources may be defined as medical tourism.

Medical travel, medical tourism, treatment abroad are some kind of new categories for the market, some kind of phenomenon. Medical tourism development and promotion as an export led growth strategy has been adopted by many developing Asian economies such as Thailand, India and Malaysia. Thus, global trade in healthcare services is now experiencing an exponential growth since 2010. Since the economic crisis of 2008, many industrial countries resorted to diversifying their economies and found tourism as the most relevant and convenient option. Indicative that such manufacturing- and production- oriented states like the Japan, China, Korea etc. converted their resources to rise their tourism (including medical) potential. The industry of tourism stands on tendency of further diversification of products and services provided.

So what placement belongs to rehabilitation tourism in global medical tourism paradigm? There are different approaches to classification, some authors ground their position on global category “Wellness-medical tourism”, divide it into two separate spheres – medical tourism and wellness tourism [20], considering rehabilitation as a part of medical tourism. Other scientists stands on position of unite category of “Medical tourism” which includes therapeutic; diagnostic; rehabilitation; reproductive and maternity; aesthetic medical tourism [21].

From our point of view simplification as long as complication of classification of medical tourism forms are nonproductive from doctrinal and practical points of view. We stand on classification that grounds on basic definition “Health Tourism” which includes “Wellness Tourism” and “Medical tourism” as a parts, moreover, “Wellness Tourism” is a unitive category for Spa & Yoga, Homeopathy, Traditional Herbal Medicine, Physiotherapy, Religious-Spiritual Tourism and “Medical tourism” category consists of Non-Surgical, Diagnostic, Surgical, Rehabilitation, Recuperation tourism. Such categorization allows us to group activities, based on different approaches to healthcare and different level of impact on human. Rehabilitation tourism is more on “Medical” then “Wellness” side, because its main aim is renewal of acceptable level of physical, intellectual, psychological and social condition after the negative impact on human health, based on medical methods and impact. Therefore assuming that diversification, it is obvious that rehabilitation centers are medical institutions that provide medical treatments and spa services. SPA resorts and rehabilitation centers have similar specific medical treatments and technical supply, but SPA is focused on client’s wellbeing and relaxation, while services offered in rehabilitation centers are more medically oriented and based on medical methods and actions. Rehabilitation refers to the most comprehensive and consistent restoration of health and abilities, following sickness, accident or injury in a clinic that has been especially conceived, qualified and assessed for the rehabilitation.

Talking about rehabilitation tourism’s place in such concept we must consider what “rehabilitation tourism” is, define the term in its comparison with general definition – “medical tourism”. Rehabilitation tourism (or tourism with rehabilitation

aim) logically consists of two terms: “rehabilitation” (medical meaning) and “tourism” (medical tourism).

Rehabilitation is a process that allows people with movement disabilities and major or long-term illnesses to maintain optimal physical, intellectual, psychological and social condition [22]. Rehabilitation medicine includes efforts to improve function and minimize impairment related to activities that may have been hampered by illnesses or injuries, achieving of acceptable level of wellbeing.

Assuming that rehabilitation and prevention are main features of a modern and overall medicine in most countries, some regions in healthcare sector (mainly Germany, Turkey, Thailand, India, UAE) with great social and political support they have provide high quality services in rehabilitative measures, based on vast and successive experience. Rehabilitation measures after an illness, an operation or an injury is an inherent part of the treatment. Rehabilitation is a major part of the chain of treatment and guarantees for the normal or at least acceptable maintenance, however, in most countries of the world, such a complex treatment after operations, injuries or accidents adopted to the patients’ needs is not available for some reason. Moreover, some areas of the world could have natural advantages for rehabilitation activities (placement, climate, etc.), which may have no rivalry in other countries. So even a countries with relatively low overall economic potential could “enter the game” using their natural uniqueness. There are two basic kinds of medical rehabilitation: inpatient and outpatient treatment (although the inpatient rehabilitation prevails), and prevalence of inpatient type additionally rises the attractiveness of rehabilitation tourism.

Therefore, uniting definitions “medical rehabilitation” and “medical tourism” we can construct the definition of “rehabilitation tourism” as complex activity of customer, who travels abroad, and other involved subjects aimed to improve function and minimize impairment related to activities that may have been hampered by illnesses or injuries and achieving of acceptable level of wellbeing. We emphasize, that rehabilitation tourism is not a fragmental action and is not only an activity of customer. It is a complex communications of involved subjects aimed to goal described above. Therefore, some attention will be directed not only to customers of rehabilitation tourism services but also to its providers, go-between subjects.

Nevertheless, rehabilitation tourism is a part of medical tourism that standing close but not embraced with non-Surgical, Surgical, Diagnostic medical tourism. So main principles, classifications and models unite them when we talk about general concept of interaction.

According to the main aim and motivation, tourists – another word customers - in rehabilitation tourism could be grouped into four categories, proposed by A. Aktaş [23] in respect of classification of general medical tourist. They are as follows:

**Tourists who get medical treatment while on vacation:**

People who receive medical care and treatment during their travel due to a suddenly emerging illness or accident. These tourists are included in the category of emergency patients.



**Tourists with travel and treatment purposes:** These tourists do not go to the country or region they travel for only medical reasons. However, the presence of treatment possibilities is a reason of preference for the region they travel to. In other words, they are tourists combining health services and vacation purposes.

**Tourist patients:** These tourists essentially go to a region for treatment purposes but during or after treatment, they travel in the region.

**Regular patients:** This group is mainly medical tourists and the only reason for their travel to an area is to receive treatment or a medical operation and they do not have leisure travel purposes.

Rehabilitation tourists are mainly belongs to last two categories because of specific of rehabilitation as a medical treatment and physical condition of the rehabilitation tourists themselves.

The main proliferation factor of rehabilitation tourism is its ability to provide rehabilitation treatment that person cannot achieve in his domestic country. It could be depending on different factors - basic level of medicine, regional specific, medical treatment services value, ethical and cultural characteristics, privacy etc.

Analyzing rehabilitation tourism services' customer in global concept we must pay attention to the counterparty – subjects that provide such services or intermediate such provision. Today's models of rehabilitation tourism services presents pretty wide range of communications between customer of such services and related persons. There are six basic categories of participants in the rehabilitation tourism relationship: customer on the one side and domestic medical tourism facilitators, foreign healthcare providers, domestic insurance companies, domestic employers, domestic healthcare providers, and foreign medical tourism facilitators – on the other. Such complexity of communication provide different models of international rehabilitation tourism. Above-mentioned models could be described as follows:

**First-hand (direct) rehabilitation tourism**, when consumer arranges his travel for medical rehabilitation treatment to another country by himself. Most simplified but less popular in nowadays world model of rehabilitation tourism.

**Mediated (sponsored) rehabilitation tourism**, when customer uses services of third-persons agents to organize transportation, treatment, and lodging. Such mediated services could be arranged by:

- Medical tourism facilitators. Consumers use the services of agencies that specialize in locating suitable foreign hospitals and arranging transportation, treatment, and lodging during recuperation. Such agencies are widely presented in many countries on public and private levels;
- State or local authorities according to health plans. Authorities establishes communication with another country for rehabilitation of some category of citizens;
- Employers or their associations. Developed countries' companies offered their employees if they chose to have elective surgeries at the approved hospitals abroad. Such model is relatively new but has tendency for growing popularity;

– Domestic healthcare providers. Common practice of hospitals outsourcing of medical services, when medical centers of one country accepts patients from another country's medical center on the basis of an agreement (US – Philippines, EU – India, EU- UAE etc.)

As we can see, rehabilitation tourism is relatively complex system of communication between customers, service providers and intermediators. Active broadening of medical rehabilitation tourism rises natural question about perspectives, risks and opportunities of such a development for tourist's domestic country, for country of medical rehabilitation traveling and for customer himself.

For the customer main complexities are difference in mentalities, religions, language barriers and communications, "warranties" of stable positive effect of rehabilitation, privacy and storage of patient data, such as medical records and images, with regard to retention, integrity, confidentiality, and security.

For countries it is additional complexity in terms of get prepared and establish necessary standards / procedures to be followed in the treatment of international rehabilitation patients (language, payment transactions and restriction of costs – in case of mediated (sponsored) rehabilitation tourism), marketing and promotional problems, shortening of medical rehabilitation resources available to local patients, technology-intensive secondary and tertiary care sought by medical tourists [24, 25] are favored over primary and preventive services needed by local residents, particularly the poor. This problem fragmentally established and addressed in our previous studies [26].

But nevertheless, tendency for widening and deepening collaboration of states in terms of rehabilitation tourism is inevitable. Globalization and opening borders as a trend makes its effect also on described sphere, moreover, it will positively affect medical facilities to invest in such activity (Thailand, India, UAE etc.). [27]

## CONCLUSION

Rehabilitation tourism is an inalienable but self-sufficient part of medical tourism with all its characteristics, general concept, risks and opportunities.

"Rehabilitation tourism" could be defined as complex activity of customer, who travels abroad, and other involved subjects aimed to improve function and minimize impairment related to activities that may have been hampered by illnesses or injuries and achieving of acceptable level of wellbeing. And rehabilitation tourism is not a fragmental action and is not only an activity of customer. It is a complex communications of involved subjects aimed to goal described above. The globalization of health care, the ease of international travel, and the divergences between countries as to approaches on regulation of medical tourism in general and rehabilitation tourism directly within their territory has given rise to tendency of "circumvention" tourism, which is likely to became a "normal", "legal" part of medical tourism industry.

Western tourists travel internationally for cheaper procedures, while Eastern travel regionally to avoid price-related rationing in their states of residence. Developed countries' medical

centers outsource patient and hospital services in search of reduced professional labor costs or surplus professionals. Those tendencies of global medical tourism affect rehabilitation tourism as its part. However, specific of rehabilitation as medical treatment allows to overtake some aspects of negative effect because of uniqueness (geographical, climatic etc.) of some rehabilitation services' providers. Such specific could be useful for developing countries which objectively can not be in competition with developed countries in providing other kinds of medical tourism services.

Rehabilitation tourism in last few years expands and becomes more institutionalized, but complexity of internal communications between its participants, complex models of organization rises problematic of further development from scientific and practical points of view.

## References

- Atul D. Garud. Medical Tourism and its Impact on Our Healthcare. *NAT'L MED. J. India*. 2005:318-319.
- Munich Airport, Doctors and Health Insurers, see at [http://www.munichairport.de/EN/Areas/Consumer/Service/aerzte\\_und\\_Krankenkassen/index.html](http://www.munichairport.de/EN/Areas/Consumer/Service/aerzte_und_Krankenkassen/index.html)
- Johns Hopkins Int'l, see at <http://www.jhintl.net/jhi/english/default.asp>
- Philadelphia Int'l Medicine, see at <http://www.philadelphiamedicine.com>
- Medhekar A, Haq F. Medical Tourism Development in Dubai: Managing Challenges and Opportunities. *Global Journal of Business and Social Science* 2016;4. *Global J. Bus. Soc. Sci. Review*. 2016;4:20-28. <http://gatrepreneur.com/GATRJournals/index.html>
- Romulo A. Virola & Florande S. Polistico /Measuring Health and Wellness Tourism in the Philippines, see at: <http://nap.psa.gov.ph/ncs/10thNCS/papers/contributed%20papers/cps-07/cps07-01.pdf>
- Туризм як національний пріоритет: [монографія] / За ред. І. М. Писаревського. — Х.: ХНАМГ. 2010:284.
- Medical Tourism Association. Medical Tourism Association. — See at: <http://www.medicaltourismassociation.com/en/index.html>
- Medical Tourism Index 2016 //The International Healthcare Research Center. — See at: <http://www.healthcareresearchcenter.org/medical-tourism-index/>
- Glinos I et al. A typology of cross-border patient mobility. *Health & Place*, 2011;16:1145-1155.
- Kangas B. Traveling for Medical Care in a Global World / *Medical Anthropology: Cross-Cultural Studies in Health and Illness*. 2010;29:344-362.
- Jagyasi P. Medical Tourism Blue. *Medical Tourism Magazine*. 2009;14:310.
- Yap J et al. Medical tourism: The Asian chapter. Singapore: Deloitte 2008.
- Bookman MZ, Bookman KR. *Medical Tourism in Developing Countries*. New York. Palgrave Macmillan. 2007:245.
- Lee C, Spisto M. Medical Tourism: The Future of Health Services. 12th International Conference on ISO 9000 and TQM. 2007:1-7.
- Connell J. Medical tourism: sea, sun, sand and . . . surgery. *Tourism Management*. 2006;27:1093-1100.
- TRAM. Medical tourism: a global analysis. A report by Tourism Research and Marketing (TRAM). 2006:98.
- Goodrich JN, Goodrich G E. Health-care tourism - an exploratory study. *Tourism Management*. 1987;8:217-222.
- Ivanišević G. Zdravstveni i ljecilišni turizam – Metode i programi. *Knjiga izlaganja na znanstvenom skupu Veli Lošinj*, 9.-11. rujna 2005. Zagreb. 2005:135.
- Регіональні ринки медичного туризму: особливості формування та розвитку в Україні : монографія / І. М. Вахович, В. В. Малімон; Луц. нац. техн. ун-т. - Луцьк : Волиньполіграф. 2013:254. Бібліогр:160-172.
- Географія медичного туризму в країнах Європи. О. О. Гунченко. *Географія та туризм: [наук. зб.]*. Випуск 30. Київ, 2014:110–121.
- Rehabilitation: Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation) See at: [https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/UnitedHealthcare%20Medicare%20Coverage/Rehab\\_Medical\\_PT\\_OT\\_ST\\_Cognitive\\_UHCMA\\_CS.pdf](https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/UnitedHealthcare%20Medicare%20Coverage/Rehab_Medical_PT_OT_ST_Cognitive_UHCMA_CS.pdf).
- Medical Tourism in Thailand in A. Aktaş (ed.): *Turk-Kazakh International Tourism Conference 2006. The Proceedings, Alanya [Turkey], Akdeniz niversitesi Alanya İşletme Fakültesi*. 2006; 1:87-117.
- Pashkov V, Harkusha A. Certain aspects on medical devices software law regulation. *Wiadomości Lekarskie*. 2016;6:765-767.
- Pashkov V, Gutorova N, Harkusha A. Medical device software: defining key terms. *Wiadomości Lekarskie*. 2016;6:813-817.
- Pashkov V, Harkusha A. 3-D bioprinting law regulation perspectives. *Wiadomości Lekarskie*. 2017;70:480-482.
- Johnston R et al. What Is Known About the Effects of Medical Tourism in Destination and Departure Countries? A Scoping Review. *9 INT'L J. EQUITY HEALTH*. 2010. <https://www.ncbi.nlm.nih.gov/pubmed/21047433>

### Authors' contributions:

According to the order of the Authorship

### Conflicts of interest:

The Authors declare no conflict of interest

**Received:** 23.10.2017

**Accepted:** 20.12.2017

---

### ADDRESS FOR CORRESPONDENCE:

**Vitalii Pashkov**

Department of Civil, Commercial and Environmental Law,  
Poltava Law Institute, Poltava, Ukraine  
tel.: +380-532-560-148  
e-mail: poltava\_inst@nulu.edu.ua