

Title: Medical Tourism as a new field of public policy in Greece.

Authors: Plassaras Panagiotis, Potiri Evangelia - Aikaterini

Contact Information: pplassaras@gmail.com

evelina.potiri@gmail.com

Full address

of corresponding

author: Archaïas Korinthou 1, Lechaion, Korinthias, 20011

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History of Medical Tourism around the world

Medical Tourism is a phenomenon that has been taking place from the ancient times and not one discovered in the modern world, as many believe to be. The first form of Medical Tourism is documented about 2000 years ago in Greece where visitors - pilgrims travelled through the mediterranean sea, to visit Epidaurus in Peloponnese, the birth place and the monument of Asclepius, god of medicine and son of Apollo, to find out about his holistic healthcare methods and pray for their healing as there was a belief that he revealed in their dreams ways that were relevant to the cure of the sickness.. A reemerge of Medical Tourism is happening during Roman period where people believed in curative properties of water. The number of the existing thermal spas all over Europe and the rest of the world during this time,t indicates that people used to move around to ameliorate their health and the quality of their life. By the end of that era many theories have been elaborated about the existence of specific countries and specific places around the world with curative properties. On 19th century, for example british people were travelled at places with warm and dry climate in order to cure the pulmonary and bone diseases. The fusion of medicine and tourism is not limited to activities that have to do with entertainment but with spiritual wellness and the completion of human as an entity.

Many civilizations around the globe put in practice the theory of Hippocrates, the father of medicine, that water is the most appropriate medicine to cure sicknesses. The theory was first practiced during the Greek and Roman empires, by developing mechanic systems of pipes which heated up the water and channeled it into baths and pools. The Persians used steam and mud baths as a mean of healing, Cleopatra in 200 BC transformed the dead sea into a source of healing through the immersion on it and in Thailand body massage established since 100 BC.

The Roman empire contributed to the creation of several thermal spas from Germany to Great Britain and from Turkey to New Zealand. Even in the USA and specifically at Arkansas the philosophy of therapeutic properties derived from native people who gathered around the area and were enjoying the benefits a long time before Europeans even before Romans.

Years later when the Roman empire came to an end, the use of thermal spas was decreased due to the increase of transmitted diseases as a result of excessive public use, with

the exception of some that were considered sacred. However the Ottoman empire in the 9th century reestablished the idea of thermal spas, known as hammam baths, resulting in the blossom of thermal baths in central Europe like Buda in Hungary and Karlovy Var in Czech Republic, which were not used till Renaissance when the curative properties of water either by drinking it bathing in it started to be more familiar. (Smith, M. and Puczko, L. (eds), 2009). In Japan, since the 8th century, we find spas based on natural thermal springs. These spas were used just like the Roman ones, to heal the soldiers after the battle. In the 18th century spa tourism reappeared in many European countries to confront common diseases like arthritis, liver problems and bronchitis, as thermal spas were the most preferred mean of healing and cure for the elite because of the feeling of relaxation and revitalization they offered.. Undoubtedly, the golden period of spas was during the 18th and 19th century and one basic reason was that spas offered not only the usual services, as granted diets and therapeutic treatments, but also help for detoxification from alcohol and gambling. One of this kind of spas was United Kingdom's Harrogate. Spas supplanted again after the Industrial Revolution and were replaced by salted water baths which had more benefits.

With the continuous evolution of science on the one hand, after the establishment of sewage system and the direct transfer of water to households through pipe systems, and the discovery of new medical methods on the other, after the implementation of more scientific methods, the belief that water itself cures illnesses started to fade and the once need of spiritual and physical relaxation at spas ceased to exist, finding fulfillment in places of worship, like churches. the. (Smith, M. and Puczko, L. (eds),2009). In Great Britain and in the USA the prevailed averseness for spas was huge in comparison with that in central Europe where there were still existed funds from the states. (Bacon, W., 1997) *Leisure Studies* 16, pp. 173-187.) Dayles – Ford in Australia in order to avoid the sequences of this staged deconstruction of thermal spas was transformed in lifestyle centre adopted on new demands of the market by including on its programme activities as massage, reiki, shiatsu, acupuncture, aromatherapy, reflexology and tarot cards. Spas, as the time passes by, are transforming their structure released from their primitive form, by rescheduling their programme and focusing it mostly in medical field combined with diagnostic checks and lifestyle services. Such a center is located in Okayama, Japan, which offers general diagnostic tests and alternatives such as gastric tests with ultrasound and respiratory control, (Erfurt-Cooper, P. and Cooper, M., 2009 *Bristol* :167, pp. 190) while the same centers in America offer botox injections and laser hair removal. Spa in almost all of Europe (Poland, France, Iceland) and in parts of Asia have not lost their significance and have now begun to upgrade tourism. (4 Schofield, P. , 2004), Goodrich, J. and Goodrich, G., 1987) *Health-care tourism - an explanatory study. Tourism Management* 8, pp. 217-222., Erfurt-Cooper, P. and Cooper, M. , 2009))

The usual functions we encounter in such centers and in hot water springs focus on leisure, relaxation and rejuvenation, combined with activities such as eating and sightseeing, attracting millions of visitors worldwide. In conclusion, the philosophy of the healing properties of mineral water combined with its purity and its emergence as a elitist product through various companies has created a global industry centered on it and its authenticity, (Connell, J. (2006a), pp. 1093-1100, Wilk R. , 2006) , *Journal of Consumer Culture* 6, pp. 303-325.)

thus promoting medical tourism since it has proven to have more advantages consumption and general contact with this type of water in natural environments with expert guidance.

2. Defining Medical Tourism

2.1. Definition of Medical Tourism

Health tourism is a special form of tourism or a way of providing health services under special circumstances. It is targeted for people suffering from a disease or healthy people who want some renewal or improvement in their physical condition. There are several conceptual approaches to health tourism in the bibliography. A general and broad concept of health tourism is the movement of people from their permanent residence to a variety of tourist destinations for health reasons or to achieve that improvement. Health tourism is also an umbrella concept, which means that it includes a set of concepts about health and tourism. Health tourism covers all those health services that aim to improve the standard of living of the human being in all its aspects, i.e. physically, mentally and mentally, provided that these services are always provided to the patients-consumers of these services, in a country other than the place where they reside permanently.

With today's cross-border and cross-border moves becoming easier and faster than ever, the economic dimension of tourism and the social dimension of health are constantly changing. Thus, the term now includes not only patients and treatment units (physical or artificial) from which patients receive health services, but also everything else (capital, labor, services) to make it more satisfactory the provision of these services to patients. (Koltsidopoulos, 2000) This, one can say, that changes the concept of both Tourism and Health. On the one hand, it means that now the concept of tourism escapes from the narrow boundaries of hospitality in an establishment of the same or another country, adding to the image and the supply of services that are characterized as recreational, educational, religious, therapeutic, On the other hand, health stops falling under the narrow limits of "curing the disease" and since 1946, with the establishment of the World Health Organization (WHO), health is defined in its statute organization (and thus internationally accepted) as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." of a person. (WHO,1948) So, as time changes and evolves in an economic, social and technological term, the new conditions allow Health Tourism to grow rapidly. The availability of people for holistic and quality health services through the easy movement of people from one place to another gives people the opportunity to choose between an ever-expanding variety of health services. These needs are exploited by the health tourism market where, through fair competition, it aims to maximize the quality of the services provided while minimizing their costs, that is to say, in one word, to increase the efficiency of the services offered, which at this moment, unfortunately, is at a critically low level for Greek health care. (Daskalopoulos, 2017)

2.2. Categories of Medical Tourism

If someone reviews the international bibliography, he can find many ways in which Health Tourism specialists make the categorization of the Industry, according to the desired results. In this paper, the method chosen follows the analyzation of I. Glenn Cohen (2015) which classifies the types of Health Tourism in three ways depending a) on the legal status of the treatment; b) on the type of the payment, and c) the flow direction of the patients. These ways of categorization have been chosen as the best, among many others, as it further serves the purpose of this paper, namely to find the framework for the implementation and successful strategies for the development of Health Tourism in the Greek economic environment.

A) Legal status of treatment

Health services categorized according to legal status are divided into three categories. There are those services that are legitimate both in the patient's country of residence and in the host country. Such services include, for example, hip change, cosmetic surgery etc. There are services that are not legal in either country, but due to a more loose application of the laws in the host country, there is a chance that practice will be realized. Such an example of service is the transplantation of vital organs, such as for example a kidney. Finally, there are health services that are illegal in the country of origin of the patient and are legal in their host country. Examples of such services include abortion, assisted suicide, some methods of reproduction etc. The latter type is sometimes referred to as "bypass tourism".

B) Payment Type

Another way of classifying Health Tourism is the basis of how patients pay to get the health services they want. Patients will either pay for their own pocket or cover some private security or their country will provide them with some coverage through public insurers.

Health care clinics must pay particular attention to the type of payment. In any case, patients change preferences and payout depending on whether they pay directly from their pocket or from a fund. That is why the pressures on lowering prices in health services depend indirectly on the type of payment, since different lobbyists are responsible for these pressures at a time. Therefore, each clinic providing health services should consider what services it wants to offer in terms of cost and quality, and whether these services can be paid by a fund or the patient will be asked to pay out of his pocket. The impact of this treaty affects both the demand side and the supply side of health tourism services. For example, on the demand side, the type of payment can affect the type of patients, their expectations of quality and cost of services, the ex-post evaluation of the services they received etc. From the supply side, the type of payment changes the risk of the business, its revenue, the choice of strategies for attracting patient groups, the need for money, etc.

C) Direction of patient flow

Finally, another way in which Health Tourism can be categorized is in line with the direction of patient flow, namely the movement of the people from one part of the world to another. As the Earth is currently divided into Economic zones and levels of development (developed, developing, underdeveloped), populations moving from each zone are observed to have different motives for their movements. That is why it is important to understand the movement of patients to understand their different needs. For example, we can easily understand why a patient from an underdeveloped country would like to go to a country with a much better and more organized health system than his country of residence. But often, the opposite is also the case: people who have a health problem and live in a developed country seek health services from lower socioeconomic countries. There the patients' needs are different as the main problem they face is the huge waiting lists or a legal obstacle rather than the cost of services, which is the number one cause of receiving health services from populations with low living standards and income. So, wanting to serve immediately, they end up looking for services in countries that are not very demanding, and so they can serve the patient right away.

In any case, it is important for the clinic to know its consumer audience in order to formulate correct strategies for attracting clients. Knowing what each consumer's health tourism

community wants along with its benefits and disadvantages will be able to develop the Healthy Health Market environment to develop the most appropriate and representative product for its customer. Knowing the needs of patients will create holistic idyllic offer packages (from transport ticket selection to nutrition), since the particular health tourism micro-environment will be developed as a priority in these areas to have a competitive edge over other clinics, implementing a successful business plan. (Cohen, 2015)

2.3. Categories of Medical Tourism Services

One can divide Health Tourism services into different categories, with different characteristics each time, depending on the necessity of the intervention, the impact on the patient (emotional, physical, medical), the cost of services, etc. For the purposes of the present paper, the distinction of the Health Services selected is based on the branch of Health Tourism in which they belong, ie Medical Tourism, Tourism Wellness, Supplementary and Alternative Medicine in the field of Supported Life and Tourism.

A) Medical tourism: This category includes all services provided at a destination other than that of the patient's place of residence and which are offered for pure medical reasons. Some forms of medical tourism are: a) Extracorporeal Fertilization / Assisted Reproduction, b) Aesthetic Medicine (Plastic Surgery, Dermatology, Hair Implantation), c) Dentistry (Implants, Periodontics), e) Surgery (Cardiac Surgery, Orthopedic Surgery, Ophthalmology) .

B) Wellness Tourism: This type of tourism includes wellness services that create a sense of well-being, which require the existence of assurances of the beneficial effects that they have at either physical or psychological level through scientific research. The main health services in this category are: a) Wellness and holistic care programs (meditation, yoga, health camps: slimming, guidance programs), b) Spa, c) Geriatrics.

In addition, the following types of hydrotherapy can be used in Greece: Forms of external hydrotherapy such as: a) baths, b) therapy with clay, and forms of internal hydrotherapy such as: γ) drinking therapy, d) inhalation therapy, e) nasal, oral, and gynecological washings.

C) Alternative and Supplementary Medicine: This category includes those health services for which no scientific documentation is required. Typically, such practices are done in addition to medical health services, stemming from traditional practices in the eastern countries of the world. Examples of such alternative practices are: a) Alternative Medicine, b) Acupuncture, c) Reflexology, d) Osteotherapy, E) Homotherapy. The lack of scientific documentation (Western medical specifications) does not mean that practitioners of this practice have no diplomas of their own practice and practice in patients.

Although the Greek community is geographically in a position to make it vulnerable to cultural influences from the influences of Eastern cultures, one can not say that it has been particularly affected by alternative forms of treatment (practices flourishing in the eastern countries of the world), continuing to adopt in the health care system of its citizens the western methods of medicine for the most part. However, it is a good opportunity for Greece to accept the beneficial benefits of alternative medicine (besides pharmacotherapy) in both the body and the spirit of the patients (holistically), to integrate these practices into the care system, and at the same time that alternative tourism units be placed in health-health resorts, and not just in spas that are considered so far.

D) Supported Life and Tourism: This category includes the services provided to the patient for a long time, such that it gives the feeling that he is part of his or her life and everyday life. Examples of such services include: a) Home care, b) Physiotherapy, c) Reintegration, d) Diagnostic tests, e) Dialysis, f) Dental care, g) Cosmetic care, h) Rehabilitation and rehabilitation.(Spathi, 2000).

3. The Possibilities of the Greek Economic Terrain in Medical Tourism.

3.1. SWOT Analysis of the Greek economic Environment

Strengths

Already established fame as a destination place for tourists

Very good accommodation network

Good provision of medical services

Good infrastructure of private sector's medical facilities

Very good level of medical expertise

Medical personnel with Worldwide recognition

Good fame of Greek doctors abroad

Good geographical spot in the World map - easy quick access from all over the World

Favorable environment for rehabilitation in combination with the rest of the tourist capabilities of the country

Nice weather

Beautiful landscapes, islands

Loose regulation for specific medical practices

Multilingualism

B. Weaknesses

Lack of specific European statistics of Medical Tourism

Probable spread of antibiotic-resistant viruses

Bad regulation for certain medical practices

Small number of accredited medical facilities

Bad economic environment for investments
Import of technology and expertise from abroad
Political Vulnerability and social imbalances due to economic crisis
Lack of interoperable systems and mindset
Low level of follow up care
Bad insurance system - Empty funds
Absence of political will and strategic development planning

C. Opportunities

Increased immigration, risk and terrorism in neighbor countries
Unused building infrastructure and facilities
Asymmetric information among patients on what quality of service to expect
Weather conditions may change dramatically in many regions of the World over the next few years unlike the stable good climatic conditions of Greece
Global increase of the elderly population and the needs for health services in areas outside their home country
Regulations flexible for certain services
Good reputation of Greece in America due to the Greek ancient history
Existence of modern medical equipment

D. Threats

Wide Spread of infectious diseases
Bad information transfer to patients
Parallel growth of competition of existent medical tourism markets
Possible dynamic entrance of new countries to the global medical tourism market through technology
Countries with many existent years of experience
Increased barriers to enter the market as companies increase in numbers and market share decline
Deterioration of the economic crisis in Greece

Change of the European Economic Policy / Stage in the coming years

Seasonality - unequal increase in inflows of patients during summer months / inability to respond efficiently

(Potiri, 2018)

3.2. Competitive advantage of Greece and barriers

On the one hand, there is infrastructure for highly qualified medical staff while the country is also well developed with cultural interest. It is in an advantageous geographical map position with favorable terms due to certain economic and political changes in the competitive countries. On the other hand, the medical tourism market is in the air, with no strategic plan, no organization and lack of initiatives by the Greek State, that is affected by the economic recession and political instability (Maniadakis, 2017). The most important competitive advantages that Greece can offer to the medical tourism industry is the advantage of legal simplifications in the consumption of health services, its strong reputation of high quality medical personnel and the diversity of tourist destinations available in the country.

3.3. Fields of Healthcare practices that Greece can develop in Medical Tourism

Greece stands in a position to offer most health services without legal barriers. Taking advantage of these services is easy, as Greece, has a sufficient medical and nursing staff of well-skilled personnel. Significant attention must be paid on health services for alternative forms of tourism, since certificates of practice for these practices are usually given by internationally accredited bodies, causing problems at supervising the quality and the results of the practices made by the practitioners in Greece. As there is no scientifically protocol to implement for these practices, major legal problems may result through the process devaluing Greece's reputation as a medical tourism destination. The patient should be well informed about the exact services it will receive and the limitations of expectations it should have, together with the possible side effects that may result from receiving such health services. However, Greece may give priority to alternative medicine, spa therapy, dental and fertilization services, as these practices can give significant economic benefits to the country focusing on specific consumer audience. (Potiri, 2018)

4. Private Sector

4.1. The efforts of the Private Sector

The most important stations for the development of Medical Tourism in Greece, have been made so far by private initiatives. In 2012, The Hellenic Chamber of Commerce appoints the Institute of Social and Preventive Medicine to prepare the first major study on the "Development of Medical Tourism in Greece". The study highlights the great comparative advantages of our country and indicates the steps to be taken by the state and the public and private providers. In 2013, The Hellenic Medical Tourism Council ELITOUR is established. It is an NGO that brings together companies from the health, tourism, transport, certification, business, insurance and advertising industries and it is the first successful collective effort to promote and consolidate Greece as a top medical tourism destination. In 2014, The Institute of Social and Preventive Medicine prepared a second study with the assistance of the Hotel

Chamber and medical service providers to undertake a series of actions (eg the creation of a database of service providers of health tourism, the development of a code of ethics, etc.) for the development of medical tourism in our country. In 2016, The Hellenic Health Tourism Association is founded by eminent members of the tourism industry and well-known health scientists. Konstantinos Konstantinidis, the inspirer of the association, who believes in a more holistic, hippocratic approach to medicine, introduces healing tourism to the "peak areas of health tourism". As the General Secretary of the Association, Zacharias Kaplanidis, points out that "elements such as the Greek diet, the climate, the marine element and the thermal springs are a few additional but extremely vital ingredients for creating a successful recipe for the development of health tourism in our country ". The Athens Medical Association and the Central Union of Municipalities of Greece (KEDE), under the chairmanship of Giorgos Patoulis, puts into force a national action plan for the systematic promotion of Greece abroad, as a destination for medical tourism. In 2017, in order to promote medical science and the Greek physician as one of the comparative advantages of Greece, the Athens Medical Association establishes the World Institute of Greek Doctors to facilitate the networking of Greek physicians active in the world and their exploitation for the benefit of the country. The Athens Medical Association (ISA) establishes the International Health Tourism Center, which aspires to be a think tank that will help to promote the country as a credible destination for medical tourism, as well as to support health service providers in this direction. In collaboration with the International Medical Travel Journal (IMTJ), ELITOUR will organize in 2018 in Athens the annual Medical Travel Summit, a high-level event bringing together key opinion leaders and senior medical staff tourism and healthcare companies from around the world who will share their knowledge and experience with the aim of developing the industry. (Koveou, 2017)

There are some individual good examples in the private sector and a total of about 20 units and centers have been certified. All major private groups (Athens Medical, Ygeia, etc.) have attempted to attract foreign patients from abroad, such as Russia, the Balkans, Africa. But they are hopelessly alone, as there is no national plan for the issue, nor coordination or incentives for investment, national marketing abroad, etc. Greece could attract every year for the next five years at least 100,000 "patient patients" with revenues of over € 400 million per year and much more than developing services mainly in the areas of plastic / aesthetic surgery and dermatology, hemodialysis , ophthalmology, in vitro fertilization, rehabilitation, dental, but also cardiac and oncology, in specialized centers in Athens and Thessaloniki. However, this prospect requires the establishment of the institutional framework that is pending, the implementation of quality and certification systems by the providers concerned, the development of integrated and costly packages, the promotion and marketing, the conclusion of transnational agreements and co-operations with insurance organizations in other countries, providing financial incentives and subsidies.(Yiannis Tountas, 2017)

4.2. The obstacles that arise

Medical tourism in the private sector is flanked by some structures that sometimes facilitate its implementation while others not that much. A chain of intersections is based on the market and the economy. The medical tourism industry is mainly represented by large companies operating in highly concentrated markets characterized by the creation of oligopolies in health care, with the dominance of a small number of specific suppliers. The barriers for someone to enter in the market are and demands a lot, which makes it almost impossible to create monopolistic market as both the cost of such an endeavor is huge and also because the existence and operation of the medical tourism industry is a result of the interdependence of

many sectors and factors. The large number of companies wishing to enter the medical tourism sector in the private sector creates an appropriate ground for the development of scale economies. In a continuous effort to maximize profits, companies are building large hospitals where the cost of supply per unit of production is decreasing as inputs grow and total output is expanding. The secret to saving costs in such savings is to lower prices from health care providers. Through scale economies the large manufacturers eliminate small suppliers which are unable to keep up with the competition. The most common health services are either invasive or diagnostic. To carry them out properly and methodically, physical capital is needed, i.e. health units. Physical capital is not just facilities but also medical equipment, medical software and the availability of furnished rooms and beds.

But physical capital alone can not be delivered without medical technology. Medical technology includes any kind of medical accessory used in interventions, important for carrying out haematological, microbiological and other examinations. Still, technology is the key factor in the existence of telemedicine, a form of medicine in which information, diagnosis and treatment is done through telecommunication. Telemedicine has dual meaning for medical tourism because many hospitals in developing countries can offer medical services to international patients and which ensures continuity of monitoring the progress of patients who receive health services abroad.

Finally, physical capital and medical technology are supplemented with pharmaceuticals since their absence makes it impossible to complete the provision of medical services. The adequacy of stocks of pharmaceuticals is essential for meeting the needs of international patients, which is achieved by either importing or producing them. Their homogeneity is also essential with those in use in their countries of origin, provided that they are subjected to the regulations and strict criteria of the Food and Drug Administration. (Plassaras, 2014)

4.3. Why the investments are absent in the Private sector

The failure to create the medical tourism industry in some countries due to poverty, widespread and continuous violence and the risk of terrorism are the three most important factors in the absence of private sector investment. The security and stability of a country greatly enhance the inflow of foreign capital. But the satisfaction rate of patients receiving services in other countries is now greater than the level of disappointment that gives positive impressions and enhances the persistence and patience of countries to develop and promote the phenomenon of medical tourism.

An important role in the absence of regeneration in the private sector is the lack of presentations and the simulation of existing units according to international criteria, which in combination with the controversial validity of the websites and the lack of information about the interventions discourages the possible medical tourism, as it is also common for you to have a detailed business report to impress the patient without reporting any certification of the procedure anywhere. Hospitals, for example, underdeveloped countries offering stem cell therapy, usually provide large, varied verbal explanations for procedures that are difficult to decrypt with an explosion of pharmaceutical and technical terms that make the process complex, scientific and professional (Mulay, S. and Gibson, E., 2006, Patra, P. and Sleeboom-Faulkner, M., 2009)

In addition to certification through JCI and ISO, a large number of other independent nonprofit organizations validate the pre-requisite quality characteristics in hospitals and

hospitals. clinics in different countries. Finally, with regard to developed countries, the main concern is to strengthen the reputation and respect and cooperation of already developed and certified healthcare units with a similar reputation abroad and especially in the US. quality is an important step that is achieved through licensing, auditing and the existence of a patient and process registry. Quality assurance in line with international regulatory frameworks ensures alignment with European Community directives, the continuous improvement of domestic clinics and the ability to compensate for the treatment of patients abroad in Greece. Therefore, the current licensing regime for surgical interventions (eg surgical interventions only in hospitals with more than 60 beds) could be revised for greater flexibility (eg island infrastructures, day-surgery centers) and lower cost for procedures requiring up to one day hospitalization. (McKinsey & Company, 2011)

International certification of health care units is the key feature that health and tourism units must have in order to be competitive and preferable to medical tourists in the international construct.

The development of health and staff units must be continuous and stable and adaptation to its imperatives must be immediate and absolute. For example, it has been suggested to hospitals to pursue a green policy by serving organic food and drinks by giving them access to green areas using natural lights and eco-cleaners, recycling water and increasing energy to make it less harmful to the environment. hospital certification has become more stringent as prospective patients have greater confidence in the former patients' testimonies than the certification of orgasms and hospital websites. The bet for those who want to promote medical tourism in order to succeed in this area is to convince patients to abandon fear, uncertainty and xenophobia and trust the services of intercultural healthcare and equally skilled staff.

Another important issue is whether there can be portability of insurance in the public and private sectors. For the United States, federal and state regulation provides for medical services compensation only if treatment is provided in authorized facilities in states with a ban on compensation for benefits abroad unless it is necessary and urgent only during the first 60 days of travel .As far as the European Union is concerned, it allows for portability of insurance in countries which have signed bilateral agreements, but is not allowed in non-EU countries (Clare Sellars,2006)

In the private insurance sector, with regard to Western countries, cross-border cover is prohibited as incentives and the degree of elasticity is different.

"It is important for the private and public sectors to cooperate and try to provide more effective solutions, to reach out to people faster and to expand research, and as a result the benefits of both sides are great" (ABC Radio National—Background Briefing: 20 February 2005)

This cooperation is the the key to success in promoting medical tourism. Cooperation is precisely what is needed nowadays in its wide range, cooperation between the government and industry, between producers and consumers, between the present and the future (Brundlandt, 1990). However, the ideal is far from reality as it is not institutionalized and institutionalized and based on goodwill. Undoubtedly, this cooperation can be very effective in medical tourism due to the complexity of the participating industries and the inability of each to operate in the absence of others. The absence of co-operation between the two

sectors can create annoyance by undermining each other as the public sector as a unit is unable to meet public health requirements and the private sector as a unit can not provide private health care without the institutional and logistics of the government. Interdependence is necessary and one-way to attract foreign capital. The private sector should have a dominant position in exploiting opportunities to maintain competitiveness on international markets, and at the same time governments should embrace these privileged efforts in the domestic market and continue to provide the stimuli necessary for continuous evolution. In this way, the public sector also avoids accusations that it neglects public health. The private sector, in turn, should respect the State's business prerogative and the regulatory framework established to remove the barriers that have arisen. The more liberalized the market and, by extension, the economy, the greater the need for cooperation, understanding the existence of the necessary for the functioning of the state tax by consistently paying taxes. Lastly, there should be cooperation in the area of trade in health services, as the rapid development and spread of medical tourism requires safe and quick passages in the destination countries for effective and timely treatment of patients' needs.

5. Public Sector

5.1. Policy Intervention and the public sector

Regulatory Impact Analysis

Regulatory Impact Analysis (RIA) is a process of systematically identifying and assessing the expected effects of regulatory proposals, using a consistent analytical method, such as benefit/cost analysis and is now used in virtually all OECD countries and in many developing countries.

Why should RIA be conducted?

Regulations usually have widespread effects which affect many different groups in society and RIA can help to ensure someone can have a good understanding of who will be affected by a regulation and how.

When is regulation not necessary?

When the size of the problem is shown to be too small to justify the costs of government action and when your analysis shows that no feasible regulation – or other policy action – is likely to address the problem effectively and at a cost that is reasonable in relation to the expected benefit of the regulation

When is regulation justified?

No specific rule. The analyst should consider: a) The limited ability of government to make and enforce regulations effectively, b) The size of the identified problems as compared to others being considered as possibly requiring regulation, c) The ability of affected groups to take actions themselves to address the problems identified, d) Whether the problems are likely to be long-lasting, or whether they may change relatively quickly due to external factors.

Reasons to Regulate

a) The presence of market failure: If market failure exists, there may be a good argument to regulate. However, it is still necessary to show that the regulation can address the market failure effectively without creating other, substantial costs., b) Equity and other social goals

Often, regulation is made as a way of improving the situation of particular groups in society, including the poor and other vulnerable groups, c) Regulatory failure: Identifying one or more significant sources of market failure provides evidence of a potential case for regulation. However, regulation frequently fails to address the identified market failure effectively and efficiently. There is a risk that market failure may be supplanted (or compounded) by regulatory failure

Direct vs Indirect Regulation

Direct regulation is often the only tool considered by policy makers, perhaps because of long-standing habit within government favouring this approach. (Command and control methods). However, a consideration of alternative policy tools is necessary to identify if there are other non regulatory approaches that are better suited to the specific circumstances of the problem.

Market based and indirect regulation: a) Establishing a general public information campaign to educate and warn people about the problem, b) Providing specific information directly to consumers to allow them to look after their own interests, c) Requiring suppliers of goods or services to give information to consumers before they buy their goods, d) Imposing a tax to discourage an activity, e) Applying a subsidy to encourage more of a particular behaviour, f) Promoting the development of a scheme of "self- regulation" within an industry or group. (Xepapadeas, 2015)

5.2. The efforts of the Public Sector in Health Tourism

Initially, the health sector is different from other sectors of the economy, as observed by the United States Department of Commerce, the moral and human dimensions of well-being make the health sector more significant than most industries and endow it with a high policy stance sensitivity (WHO, Trade in Health Services, 2002). Governments should finance public health and in poor countries it is even more crucial to provide even greater funding (Ruth Levine, 2000), as health is a political issue and in most countries is enshrined in their national legal framework as the right of every person and an obligation of the state. In the field of tourism, the same conditions are not required as it is neither necessary nor constitutionally guaranteed that every citizen individually has the right to enjoy his vacations. It is only formally enshrined that policies must be set up to develop and address the phenomenon of tourism rather than its random course, (Peter U. C. Dieke, 2000) as in the absence of a long-term plan the countries have negative social, environmental and economic consequences (Isaac Sindiga and Mary Kanunah, 1999). In order to generate economic benefits, governments are constantly strengthening the tourism sector by taking decisions on extending infrastructure, reducing leakage, increasing nchontas while considering the impact it can have such moves on infrastructure and funding sources. Governments also legitimately use government spending to create departments that provide services for visitors, such as information and entry facilitation in the country. What needs to be avoided, however, is to overcome the needs of the domestic population at the altar of tourism development.

According to the laws of nature all things tend to evolve. Thus, the marriage of the health and tourism sector has resulted in their sophisticated form, which is reflected in the phenomenon of medical tourism. The role of the public sector in this new industry is based on the modernization and economic development of the country. The government's motivation is obvious as the profits that are generated are large and directly receivable and as a result the countries have the capability and infrastructure to host and promote medical tourism in their

resorts and health facilities (Mario Marconini, Indrani Gupta, Bishwanath Goldar, and Arup Mitra). The difficult part that the public sector has to face concerns the funding and the amount of it for its implementation. If it is not properly studied and not regulated all the parameters, such as the banking system, the hygiene system, water and irrigation, energy, accommodation, transport and communications, is likely to fail. Regulating national legal frameworks in order to comply with international imperatives in liberalizing markets for healthcare trade is of the utmost importance, as is taxation in attracting foreign and domestic investment. Finally, important in the public sector is the excellent cooperation of competent bodies and competent ministries for the development of medical tourism and the completion of the work.

The biggest problem faced by health care units in Greece is the lack of international certification and accreditation. The term Certification has been defined as "a process of documented self-analysis and external evaluation used by healthcare organizations to accurately assess the level of quality performance against established standards in order to subsequently implement methods of sustained improvement." The absence of this important parameter forces our country to retreat and not to be able to set a course for development in the field of medical tourism. To date, quality certification certifications that are mandatory in Diagnostic Centers, Biological Sample Laboratories, Doctors and Multidisciplinary Centers, ie Primary Health Care Institutions, are defined by Law 4025 (Government Gazette 228 / 2.11.2011) entitled "Reconstruction of Bodies Social Solidarity, Rehabilitation Centers, Restructuring of ESY and other provisions" of the Ministry of Health and Social Solidarity, which harmonises the Greek legislation with the corresponding European legislation. However, certification of this type is not considered sufficient by international medical tourists, since it is now necessary to obtain certification from international organizations that guarantee quality and integrate health units into international standards. The National Health Service (NHS), based on the financial data of the State and of funding mismanagement over consecutive years coupled with a large proportion deficient funds of insurers, unable to modernize and provide all public hospitals international certification. So the question that arises is how exactly will Greece succeed in joining the medical tourism industry if Primary Health Care (HFH) bleeds and large expenditure on modernization is impossible.

5.3. The obstacles that arise

Costs of Regulation

These are the costs that businesses or people face as a direct result of complying with the regulations and the cost to government of administering and enforcing the regulations. They include the costs of: a) buying new equipment needed to comply with regulations, b) employing additional staff to work on regulatory compliance, c) employing consultants or other sources of expertise to help with regulatory compliance, d) changes in production processes made necessary by regulations, e) other increases in the costs of producing goods, f) collecting and storing information that the regulations require them to report or keep.

Competition related costs

Some regulations can reduce the amount of competition in markets. This is a particularly important cost impact. Regulation can reduce competition by: a) making it more difficult for new competitors to enter the market, by creating regulatory requirements that are difficult for them to meet, b) prevent firms competing strongly – for example by setting rules that

reduce price competition or restrict advertising, c) by creating a negative impression of a highly regulated market in which it is difficult to do business profitable. (Xepapadeas, 2015)

6. Shaping the Institutional Framework in Greece

6.1. Current Framework of Medical Tourism in Greece

Greece lacks the necessary infrastructure and the institutional framework that will favor the development of medical tourism. Numerous efforts are continuous and are becoming more and more intense for its establishment as the main pillar of the Greek economic development. (Plassaras, 2014)

Although these attempts fail to attract the needed capital and investments in the field of medical tourism, studies show precisely the magnitude of the problem and the need for a framework that provides a clear image of what medical tourism is while it defines its parameters and conditions in order for the public and private sector to bring investments. A factor also missing from the Greek framework at a later stage is a coordinated and organized promotion of the country abroad in the field of medical tourism. A study conducted in 2012 by the Institute of Social and Preventive Medicine on behalf of the Greek Chamber of Commerce highlighted the institutional gap in the regulation of the medical tourism industry in Greece in both Public and Private Sector. The same study showed that we can attract 100,000 patients in the next 2-3 years and 400,000 patients in a decade, mainly from EU, Russia, SE Europe, the Middle East, USA and China. Now, six years after, the current situation of medical tourism remains the same. (Development of Medical Tourism in Greece, 2012)

The only move that has been made towards the making of the medical tourism framework was by the Ministry of Tourism, where in August of 2013, the 4179 law was adopted (State Printing, 2013), which, in Article 20, says that: "The specific terms and conditions, as well as all kinds of issues related to the exercise of the medical tourism will be regulated through a joint approval from the Ministries of Health and Tourism". The decision was issued in November 2013 by Adonis Georgiadis and Olga Kefalogiannis, which laid down terms and conditions for exercising medical tourism.

However, it was about handling procedural issues, such as the creation of a Register of Medical Tourism Providers, the provision of a special brand, etc.

On the other hand, in July 2014, the 4276 law passed (National Printing, 2014), changing the Article 20, establishing that:

"The special terms, conditions, establishment and maintenance of the register of medical tourism providers in the Ministry of Tourism, the provision of Medical Tourism Distinctive Sign, the certification of Medical Tourism Providers and any other relevant issue concerning medical tourism, are regulated by a joint decision of the Ministers of Finance, of Home Affairs, of Education and Religious Affairs, of Labor, Social Security and Welfare, of Health and of Tourism. The same decision defines the amount of the Greek Government's bill, which is paid for the registration with the Medical Tourism Providers Register. The Medical Tourism Provider, who violates the provisions of medical tourism, is removed from the Medical Tourism Providers Register and the Distinctive Sign of Medical Tourism is revoked. "

That results in a total of six ministers to reach a decision, when in 2013 there were only 2 needed. In April 2016, Tourism Authority Elena Kountoura signed a programmatic cooperation agreement to support the design and implementation of an institutional and technological framework for the development of medical-tourism products on a national level with the University of Patra and the Regions of Western Greece and the Peloponnese . The purpose of this is to support and standardize the development and promotion of medical-tourism products associated with organizations and enterprises wishing to offer products to every interested party.

Another malfunction in the public health sector that makes evident the absence of a concrete national framework, is the lack of an organized payment system for medical operations. This makes hard to claim the money spent to hospitals by the tourists' insurance company or national institution. Every year the number of foreign patients which are hospitalized or receive medical services in health resorts completely free of charge remains unknown, as there is no charging and a standard hospital reclaiming process. However, to EU citizens who are hospitalized in any of the NHS hospitals, there is the possibility of receiving refund after the implementation of the KEN (Closed Greek Nozalia) system. Although no information has been formally announced to know whether or not the tour operator is charged.

The actions taken by the Ministry of Health, imposing arbitrary measures and closed budgets, make clear that the viability of many private health units is threatened. So the State practically undercuts the private health sector, which is supposed to attract health tourists. The absence of a comprehensive, protective, regulatory and achievable institutional framework coupled with inadequate government support and strategy, lacks of technological infrastructure, know-how, investment effective bureaucracy.(Plassaras, 2014)

6.2. What needs to be made : The agenda that will contribute to the development of Medical Tourism as a new field of public policy in Greece.

Shaping the regulatory framework by the Government Regulatory Policy Makers, must follow the mindset of Health Tourism that aims to bring patients to the center of processes by providing them with high-quality services at a low cost budget with instant availability. Barriers in the smooth co-operation between the private healthcare providers, public hospitals and government, in shaping health policies are present, and certain actions must be made in order to be solved. For this reason, it is important in the context of shaping these policies to have in mind the following: 1) It is clear that international law and ethics related to Health Tourism and Medical Tourism are essential for the security of foreign and domestic medical patients. 2) Maintaining international accreditation, and constant upgrading of medical infrastructure facilities and modern medical technology are essential to the competitiveness of emerging markets. 3) Private corporate hospitals, as well as the enforcement of government ethics policy and regulations, must ensure that the correct information is provided to foreign patients on hospital websites. This information concerns cost comparisons between countries for different types of surgery, waiting times, certification of centers providing health services from international institutes, availability on innovative medical / surgical methods using state-of-the-art medical technology, the availability of specialized nouriture and the availability of surgeons groups. 4) A training program should be put in place to promote the skills of the medical staff, while ensuring that they are tolerant and sensitive to patients with a different cultural, religious and political background. 5) Changes in demand and supply in Health Tourism are constantly changing, so the policies set up by regulators, on the one hand, must follow these needs on the supply side of specialized

surgeons and doctors, and on the other hand, on the demand side for accredited quality medical facilities with a sufficient number of beds and an efficient operation. 6) Promoting trade in Health Tourism market should have in mind the contribution sustained growth and thus attract foreign medical patients based on environmental factors. (Goyal, 2014).

In Greece, the existing legal framework governing medical practices could be clarified in detail. Furthermore, Greece may define the maximum limits of tolerance of medical practices and alternative health practices inside its society (taking into account the religious and moral dimension governing Greece as well as the environment of informal norms), whenever excluding those consumer common patients , and to focus on those patients who wish to receive authorized health services. This will help to avoid unnecessary loss of money in marketing campaigns setting the wrong health tourists as clients. In the third stage, attention should be paid to those health practices that are legitimate or may become lawful in Greece and not in other countries. These practices, being one of the competitive advantages of a country that wants to engage in Health Tourism, must be made even easier to implement through an enabling legal framework for patients who wish to receive them. Appropriate extroversion moves should be advertised to the consumer community of those patients who are not permitted in their country. This will also be the way to exploit the competitive advantage that Greece will have for services that are legal in its own country for the specific categories of patients. (Potiri, 2018)

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