Factors Raising the International Profile of Malaysia's Medical Tourism

^{1*}MA Yuaner, ²Juhaini Binti Jabar

Abstract--- Medical tourism has gained popularity in recent years as people across the world look to access less expensive or better quality medical treatment. It is growing so fast that many countries consider it as an emerging industry with the greatest development potential world-wide (Thomson Reuters, 2014). Based on a report conducted by SRI International, the world's healthcare travel medical tourism revenue reached USD 678.5 billion in 2017, while this number was less than USD 10 billion in 2000. From 2013 to 2019, the global medical tourism industry maintained a compound annual growth rate of 17.9%, which is twice as much as that of the traditional tourism sector. According to a forecast of world health organization (WHO), by 2025, health services will become the world's largest industry, and traditional tourism industry will be ranked second. The combination of two industries shall account for 22% of global GDP

Type of Paper--- Review

Keywords--- medical tourism, Malaysia, healthcare, traditional tourism

Introduction:

Today, the United States, Germany, Costa Rica, Japan, South Korea, Thailand, Singapore, Malaysia, and India are among the most popular medical tourism destinations around the world. Medical tourism products mainly include health check-up, medical aesthetics, assisted reproductive technology/IVF, referral procedures for severe illness, intensive care, even some controversial issues(euthanasia and surrogacy), health and wellness services and programs, creating a new point of breakthrough during the transformation of the traditional tourism sector(Owusu et al., 2010).

The development of medical tourism industry in developing countries has brought plenty of positive effects to themselves, helping they solve the problems of healthcare infrastructure upgrading and medical brain drain (Al-Shahri, 2002). One of the most important things is to effectively stimulate local and foreign investment in construction of medical travel infrastructure, which not only benefits foreign healthcare travelers, but also is good for local customers.

As a matter of fact, most hospitals that offer services to international patients usually rely on providing medical treatment with local people for survival (Horowitz et al., 2007). For developing countries, increasing investment and offering more advanced medical technologies could also prompt local customer-patients who travel abroad to go back home for treatment, so as to retain capital at home; another good thing is the creation of some long-term, highly skilled jobs, which is crucial for a country to build a strong healthcare system (Mohd Yusof et al., 2016). It is said that the highwage and high-tech working environment in healthcare travel could encourage health practitioners to work harder at home, thus slowing down or even reversing the trend of local medical talent migrating abroad.

Healthcare travel is often used as an option for customer-patients from countries with high healthcare cost burdens or soaring medical expenses. An extension of this view is that in America, a vigorous healthcare travel industry can promote lower medical costs and price transparency (Dawn et Pal., 2011); in nations with public-funded healthcare systems,

¹Faculty of Technology Management and Technopreneurship, Universiti Teknikal Malaysia Melaka

²Faculty of Technology Management and Technopreneurship, Universiti Teknikal Malaysia Melaka

Corresponding author: MA Yuaner, Email: mayuaner1@yeah.net

especially in the UK and Canada, healthcare travel has become a solution to reduce patients' anxiety of long waiting lists for surgery cases.

Today, the annual potential growth rate of medical tourism in India, Malaysia and Thailand is estimated to exceed 25%. The widely cited Deloitte report estimates that there were 750,000 outflows in the US in 2017 and is expected to increase to millions by 2022. Despite the actual figures, it is generally believed that in a number of Asian countries, the healthcare travel industry is growing rapidly, with substantial investment in medical talent, health practitioners, and advanced technology and application.

Countries	Heart bypass (USD)
the United States	130,000
Costa Rica	24,000
Australia	23,070
South Korea	34,150
Singapore	16,500
Malaysia	10,000 - 15,000
China	10,000 - 40,000

Chart 1: Cost comparison of heart bypass surgery

Source: Deloitte management consulting report in November 2013

The income growth of healthcare travel destination is closely related to the income loss of healthcare travellersgenerating countries (Ormond et al., 2014). It is found that America lost billions of dollars in healthcare revenue in 2018. For this reason, outbound American medical tourism is the only reasonable explanation --- patients are leaving their own medical service system and investing consumption funds in other countries.

Healthcare travel could be seen as a catalyst for improving healthcare conditions and efficiency in developing countries. With the gradual prosperity of healthcare travel in destination countries, healthcare reforms regarding the medical quality and patient safety are also in progress (Horowitz et al., 2007). The most striking thing is that a number of hospitals in Southeast Asia adopting Western standards to gain international accreditation. The emergence of the world market has created some independent organizations that are responsible for assessing whether hospitals meet international healthcare standards, and establish rigorous evaluation system for candidates.

Countries like Thailand, Malaysia and India have a number of JCI accredited hospitals. These medical service providers constantly seek to maintain or enhance the service quality and the satisfaction level of healthcare travelers, ensuring that equipping their facilities with state-of-the-art medical technology, employing highly skilled health practitioners, and making strategic investments to strengthen infrastructure(Chahal et Kumari, 2010). These private medical service providers respond customer-patients' needs in a timely manner and are willing to be assessed by international accreditation agencies on a regular basis.

As a new form of tourism, "medical tourism", is increasingly recognized by more and more people. Asia has become the most potential medical tourism service market in the world. With the gradual maturity of Chinese people's healthcare awareness and outbound travel habits, online overseas medical tourism is showcasing its escalating development (Chahal et Kumari, 2010). Based on the research conducted by Stanford Research Institute, China will become the main source country of healthcare travel all over the world (Xi et al., 2017). Chinese people are potentially highly lucrative for hospitals, clinics and facilitators in Southeast Asia, Europe and the US.

Although the global medical tourism industry is faced with rare development opportunities, it still needs to overcome three aspects of difficulties: legal restrictions, protection of medical tourists' rights, and language communication (Haque et al., 2018). The global healthcare travel industry is in the ascendant, but at present some countries restrict domestic personnel to go to other states for receiving medical treatment; the protection of healthcare travellers' rights and interests is insufficient, the medical insurance system is not perfect, the follow-up medical measures for tourists are inadequate; the language barriers of communication for medical tourists are difficult to be effectively overcome.

1. Raising of Medical Tourism in Malaysia

Healthcare travel in Malaysia is an exquisite affair. Malaysia is known to be a garden country in Southeast Asia that guards the Strait of Malacca. Tropical climate, pure sea water, modern cities, rich Malay delicacy and mysterious Malay culture constitute reasons of a "must-see" spot for many travelers to go to Malaysia ("Sherene Azli - CEO, MHTC," 2018). The internationally trained doctors, cutting-edge medical facilities and competitive physical therapy prices here also help Malaysia become the first destination choice of medical tourism in Southeast Asia.

Over the last decade, this country has been making waves all over the world for excellence in this sector(Chandran et al. 2017), ranking first for having world's best healthcare in the Annual Global Retirement Index for 2019, with a score of 95 out of 100 ("Malaysia ranks 1st," 2019).

Medical tourism started to be given prominence by the Malaysian government after 1997 Asian Financial Crisis as a means of economic diversification. The Malaysian medical care system was divided into two layers: one is a state-owned universal healthcare system for Malaysian citizens, another is a private sector that serves the needs of wealthier citizens, visitors, and expatriates (David Quek, 2014). Malaysia has created a dual but synergistic public-private healthcare model. So far, Malaysia does not have a unified system to provide universal medical services for every citizen. The medical tourism in Malaysia is mainly participated by local private healthcare facilities, making no difference to local people when seeing a doctor in public hospitals. At the same time, due to its abundant health practitioners in the country, foreign patients will not have the trouble of waiting in a long line for medical treatment which they often encounter at their home.

Programs	China	The United States	Malaysia
The third-generation	Not popular, lack of	Doctors decide whether	Over 30 years of
IVF	experience in hospitals	to choose the third	experience
		generation	
Egg freezing	Illegal, unable to operate	Legal	Legal
Sperm freezing	Illegal, unable to operate	Legal	Legal
Egg donation	Illegal, unable to operate	Legal, but only a	Legal, rich Chinese egg
		few Chinese egg sources	sources
Sperm donation	Illegal, unable to operate	Legal, but only a	Legal, rich Chinese
		few Chinese sperm	sperm sources
		sources	
Embryo transfer	Illegal, unable to operate	Legal	Legal, simple
			procedures
Surrogacy	Illegal, unable to operate	Legal, under the	Allowed, need
		protection of law	customers to change
			identities

Chart 2: Comparison of reproductive health in three countries

Source: the Malaysia Healthcare Travel Council, 2020

With the strong support from the Malaysian government, Malaysia's medical tourism projects have more prominent advantages in language communication, medical professionalism, efficient healthcare system and rich post-treatment recuperation resources. Most medical tourists come from Indonesia, India, China, UK, Japan and Australia. At the same time, the Singapore government decided to extend Singapore national medical savings scheme (MediSave) to the designated medical institutions in Malaysia, where Singapore citizens and its permanent residents could seek any personal or immediate family's medical treatment in the future.

Affordability is one of the core competencies of Malaysia's medical tourism. Malaysia has attracted a large number of healthcare travelers by virtue of reasonable medical expenses, with little or no perceived loss in quality. Compared with neighboring competitors such as Singapore and Thailand, Malaysia charges a lower fee for several medical surgeries and treatments (Ormond et Sulianti., 2014). As Malaysia's medical costs are closely monitored and guided by the Ministry of

Health, which, to a great extent, ensures that foreign patients enjoy the same medical treatment at the same exchange rate as local people.

In order to better serve international customer-patients, a regulatory body under the Ministry of Finance Malaysia, the Malaysian Healthcare Travel Council (MHTC), was established in 2009 ("Sherene Azli - CEO, MHTC," 2018). The MHTC is working closely with the Ministry of Health Malaysia, and is responsible for coordinating all hospitals in Malaysia and facilitating public-private partnership. It is also a one-stop service center covering all medical care and tourism related issues in Malaysia, providing policy inquiry programs, pre-treatment and post-treatment consultation to tourists. Today, 73 Malaysian private healthcare facilities were members of MHTC, with 21 being elite hospitals that were well-positioned to deliver the body's healthcare travel value ("MHTC Partners," 2019).

1 5. Main 1 ut poses of visits to Malaysia 2015			
Purpose	2015(%)		
Holiday	57.9		
Visit friends/relatives	21.4		
Shopping	6.4		
Business	5.0		
Medical treatment	3.4		
Corporate meeting	1.7		
Honeymoon	0.6		
Sports	0.6		
Others	3.0		
Total	100		

Source : Medical Tourism: Why Malaysia is a Preferred Destination?. Advanced Science Letters. 23. 7861-7864. 10.1166/asl.2017.9595.

Statistics from the MHTC show that in Malaysia, one out of every two childbearing patients has a successful clinical pregnancy. Thanks to a well-managed medical system, fertility treatment is very popular in Malaysia and the average success rate of test tube infants in Malaysia is 65%, much higher than the world's average rate (50%). This treatment is fully affordable, costing between \$4000 and \$5000 per IVF cycle. With such a high success rate, the MHTC intends to make Malaysia a leading fertility center in Asia. If a person wants a test tube baby in the United States, the medical expenses may reach \$24,000, but in Malaysia, only one-third of the price is needed to acquire treatment, and the same quality of medical care are too assured.

The MHTC also aims to promote other two popular treatments: cardiology and oncology care. Malaysia is also known for its treatment of heart disease due to the cooperation of the National Heart Institute of Malaysia and the Ministry of Health Malaysia. This partnership promotes its related scientific research, the development and quality of heart disease-related treatment, and healthcare services. Indonesia, China, India, Vietnam and Myanmar all have need for these services.

With the growing diversity of healthcare travelers' needs, a more rapid, personalized and effective response is needed. It is because of this external pressure that Malaysia's private health sector has been devoting itself to raising the bar in the quality and standard of medical treatment. In addition to the holistic care and modern methods of recuperation, Malaysia also uses traditional and complementary medicine to treat its patients (Mohezar et Moghavvemi, 2014).

The Malaysian government is committed to encouraging the growth of the private sector and facilitating the international accessibility to Malaysia. Kuala Lumpur is in close proximity with major cities in Asia and is operating direct flights to Europe, North America and Australia (Haque et al., 2018). Malaysia also introduced a fast medical visa to patients, enabling the holder's stay in Malaysia to be extended for a further period depending on their nationality. The Malaysian government makes a commitment to promote medical tourism trade, trying to negotiate with public insurance companies in the region to facilitate payment business, and better enhance the inbound flow of international patients to Malaysia. Compared with traditional tourists, medical tourists are particularly valuable because they contribute much more to the local economy. It is estimated that medical tourists visiting Asia spend twice as much as traditional tourists.

Many Malaysian healthcare professionals are very qualified and experienced, having received their training at industry-leading medical institutions of the Western world as well as in local universities (Manaf et al., 2015). Malaysia's excellence in the field of Western medicine leads to nearly one million people to seek medical procedures in orthopedics,

cardiology, IVF, neurology, aesthetic medicine (dental and cosmetic solutions), urology, oncology, gastroenterology, and rehabilitation (Mohd Yusof et al., 2016). In addition to Malaysia, hospital websites in India and Thailand publicize too that they have highly professional and well-trained doctors from Australia, the UK and the US as a selling point. Customerpatients in these countries could feel that they will receive the world-class treatment from the best doctors in the bestequipped institutions all over the world. Hospitals seeking international patients encourage their doctors to gain international acclaim from the American Medical Association.

Malaysia has been well-known as a leading pioneer in the Halal industry since a long time ago and is focusing more intensely on the development of Muslim-friendly medical tourism (Mohezar et Moghavvemi., 2014). Some hospitals are halal-certified and Ibadah-friendly so as to assure Muslim patients on the quality of the services.

Muslims see disease, like other life events, as a test of Allah and often respond with patience and prayer. Death is seen as part of everyone's ultimate journey to the next life. According to the prophet, disease is a part of fate, so is healing (Wong, 2014). In general, Muslims understand that the protection of life is the highest goal of Islamic law. Taking care of the weak and the sick is a collective and public social responsibility. The Koran prohibits drinking, eating pork and any pork by-products or derivatives. As a result, devout Muslims are very careful about what they eat and how they prepare food. Muslims follow certain religious criteria, called halal: the preparation and the slaughter of meat and poultry must be in a certain manner and permitted by Islamic law. Halal food preparation is similar to Jewish food preparation, but halal standard varies with personal preference. The Ministry of Health Malaysia ask hospitals and medical service providers to order special Muslim meals from certified halal food manufacturers and suppliers (Wong, 2016). If this is not possible in other countries, Muslim patients must be given choices that meet their dietary requirements. Doctors in Malaysia always avoid pills using pork gelatin. A number of drugs, such as cough syrup, usually contain alcohol; if possible, alternatives to alcoholic drugs should be provided. If there is no suitable substitute for pig-derived or alcoholic drugs, patients must know the source and content of the drugs so that they can make informed decisions.

Malaysia ranked 22nd place in English proficiency ranking for non-native English speakers, according to a survey by the EF English Proficiency Index (EF EPI, 2018). Malaysia's average adult English proficiency remains in the High Proficiency band, which considerably propels the ease of direct communication between healthcare practitioners and foreign patients. Being a multi-ethnic and multi-cultural state, Malaysian medical personnel are quite culturally-sensitive and multi-lingual, being fluent in common Asian languages (Hindi, Mandarin, Bahasa Indonesia, and Tamil) and different Chinese dialects (Hokkien, Cantonese, Hakka, Teochew and Hainanese) (Tan., 1997).

Diversity and inclusion are integrated to Malaysia's mission to provide excellent, culturally relevant care in a welcoming environment to customer-patients from a wide variety of backgrounds. The Malaysian government claims that Malaysia is a "food paradise" for tourists to find healthy and low-cost food with various tastes. Malaysia's traditional food is considered as a fusion food; in another sense, it is a unified cultural norm. The culture of Chinese, Indian and Malay communities has a great influence on the characteristics, details and forms of Malaysian food. After integration, the taste and characteristics of Malay traditional food are reflected in Chinese and Indian traditional food too. Also in Muslim countries, Malaysia has been promoting tourism by ensuring a stable supply of halal food, which has led to Malaysia's greater competitive advantage and a better Muslim-friendly image in Muslim countries, especially in the Middle East. **References:**

 Al-Shahri, M. Z. (2002). Culturally sensitive caring for Saudi patients. Journal of Transcultural Nursing, 13(2), 133e138.
Ahasanul Haque, Farzana Yasmin & Naila Anwar. (2018). Factors Determinant of Patients' Satisfaction towards Health Tourism in Malaysia. International Tourism and Hospitality Journal.1(1): 1-18

3. Chahal, H., & Kumari, N. (2010). Development of multidimensional scale for healthcare service quality (HCSQ) in Indian context. Journal of Indian Business Research, 2(4), 230e255.

4. Dawn, S. K., & Pal, S. (2011). Medical tourism in India: Issues, Opportunities and Designing strategies for growth and development

5. Halligan, P. (2006). Caring for patients of Islamic denomination: critical care nurses' experiences in Saudi Arabia. Journal of clinical nursing, 15(12), 1565e1573.

6. Horowitz, M. D., Rosensweig, J. A., & Jones, C. A. (2007). Medical Tourism: Globalization of the Healthcare Marketplace. Medscape General Medicine (MedGenMed), 9(4), 33.

7. Kushnir, T., Esterson, A., & Bachner, Y. G. (2013). Attitudes of Jewish and Bedouin responders toward family physicians' use of electronic medical records during the medical encounter. Patient education and counseling, 93(3), 373e380.

8. Li, Xi & Lu, Jiapeng & Hu, Shuang & Cheng, KK & Maeseneer, Jan & Meng, Qingyue & Mossialos, Elias & Xu, Dong & Yip, Winnie & Zhang, Hongzhao & Krumholz, Harlan & Jiang, Lixin & Hu, Shengshou. (2017). The primary health-care system in China. The Lancet. 390. 2584-2594.

9. Mohezar, S., Zailani, S., & Moghavvemi, S. (2014). Establishing Islamic medical tourism in Malaysia: Understanding the motivations and challenges (Presented at The International Conference of Management and Technology in Knowledge, Service, Tourism and Hospitality, Jakarta, Indonesia).

10. Musa G, Doshi D, Wong KM, Thirumoorthi T. How satisfied are inbound medical tourists in Malaysia? A study of private hospitals in Kuala Lumpur. J Trav Tour Mark 2012; 29: 629?46.

11. MHTC Partners - Malaysia Healthcare Travel Council. (2019). Retrieved from https://www.mhtc.org.my/discover-mhtc/mhtc-partnership-programme/

12. Manaf, Noor & Hussin, Husnayati & Jahn Kassim, Puteri Alavi, Rokiah & Dahari, Zainurin. (2015). Country perspective on medical tourism: the Malaysian experience. Leadership in Health Services. 28. 43-56.

13. Ormond M. Neoliberal governance and international medical travel in Malaysia. Abingdon: Routledge; 2013.

14. Ormond M, Sulianti D. More than medical tourism: lessons from Indonesia and Malaysia on South-South intraregional medical travel. Curr Issues Tour 2014. doi: 10.1080/13683500.2014.937324.

15. Owusu-Frimpong, N., Nwankwo, S., & Dason, B. (2010). Measuring service quality and patient satisfaction with access to public and private healthcare delivery. International Journal of Public Sector Management, 23(3), 203e220.

16. Ormond, Meghann & Wong Kee Mun, Brian & Chan, Chee. (2014). Medical tourism in Malaysia: How can we better identify and manage its advantages and disadvantages?. Global Health Action. 7. 10.

17. Rozman Mohd Yusof & Mohd Saiyidi Mokhtar Mat Roni & Anidah Aziz & Afzan Sahilla Mohd Amir Hamzah. (2016). The medical tourists value and trust of choosing Malaysia as medical tourism destination. Journal of Global Business and Social Entrepreneurship(GBSE). Vol. 2, No. 2, pp.99-106

18. Sherene Azli – CEO, MHTC, Malaysia. (2018, December 13). Retrieved from https://pharmaboardroom.com/tags/?t=Medical+Tourism

19. Thomson Reuters. (2014). State of the global Islamic economy 2014-2015 report. Retrieved from http://halalfocus.net/wp-content/uploads/2015/01/SGIE-Report-2014.pdf.

20. Wong Kee Mun (2014). Malaysia Healthcare Travel Council (MHTC) Officer, Interview on 25 April 2014 in Kuala Lumpur

21. Wong Wai Khuen (2016). Medical Tourism Development in Malaysia, Singapore and Thailand: A comparative review. Intan Management Journal, 13(1), 109