

TOURISM AND MEDICAL SERVICES: THE CASE OF ELECTIVE MEDICAL TOURISM IN NORTHERN GREECE

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ABSTRACT: The present paper deals with the medical tourism and the medical services and their contribution to the tourism development. Firstly it presents a theoretical approach to the definition and types of medical and health tourism and secondly the characteristics of medical tourism market and services. Worldwide the market size is USD 24-40 billion, based on approximately eight million cross-border patients worldwide spending an average of USD 3,000-5,000 per visit, including all medically-related costs, cross-border and local transport, inpatient stay and accommodations (Patientsbeyondborders, 2013). One of the main reasons for medical tourism growth globally, is the price variance for medical services, among the healthcare systems and the private providers. In Greece, the Medical tourism market is still limited and is generated primarily by domestic tourism visitors of SPA or by exceptional events (e.g. cares of war victims from Libya). The exception is the hospitalization and health care of holiday tourists in Greece who are facing a health problem or an accident. The paper investigates the current situation and the perspectives for providing medical services at health units in the geographic area of Thessaloniki and Chalkidiki in Northern Greece. This area concentrates a large number of hotels and other tourist facilities but also large hospital units. The results are based on a survey by CEO's of the major Hospitals establishments in the area. The paper ends with the conclusions about the perspective of the development of medical tourism in Thessaloniki and Chalkidiki and suggested ways, in order to achieve the requested result. **Keywords:** Health tourism, Medical tourism, Elective medical tourism, Greece, Chalkidiki, Thessaloniki

INTRODUCTION

The World Health Organization defines the term *health* as the following: “*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*” (Rulle, 2008, p. 29-30). In modern times diseases associated with modern lifestyle, such as heart

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problems, anxiety or depression, which degrade the overall level of health, are frequent occurrences (Rodriguez- Garcia, 2001). “*Our health systems face tough and complex challenges, in part derived from new pressures, such as ageing populations, growing prevalence of chronic illnesses, and intensive use of expensive yet vital health technologies*” (Frenk, 2004).

Health and tourism are two concepts that at first glance seem irrelevant, though related in many different levels. Improving health can serve as an incentive for traveling (Mathieson & Wall, 1982). So, the level of health services in the country of destination may be a part of the tourist product and even contribute to its upgrading or downgrading. Regarding the correlation between health and Tourism, the health can affect tourism through the health of tourists but through the health conditions in the tourism destinations. This means that visitors can either carry a disease from the country of origin to country of destination or vice versa. Also it may concern the change in the number of incoming tourists due to adverse health conditions in the country of destination and finally tourism can be influenced by health tourism, which can increase the incoming tourism.

In an earlier research (Cossar et. Al, 1990), conducted in 13.813 travelers found that 36% became ill in some way during the holiday, while 14% needed medical help and 1% was hospitalized. Dawood (1989), reports that 50% of international tourists are likely to have an impact on their health from the trip. From his research, he finds out that accidents kill 25 times more tourists than contagious diseases. Hunter-Jones (2003), believes that tourism correlates positively with health, creating positive effects on mental health (e.g. religious holidays), on psychological health (elimination of stress). Specifically he refers to the advantages of tourism for those get sick and he stresses that holidays can bring back the joy of life, hope, raise a person's morale and increase physical and intellectual activity. All of the above combined with accommodation at specialized centers for patients and health care, are evidence of the development of health tourism.

Medical tourism

The Medical tourism is relatively a newer form of tourism, developed from the need to find low-cost medical services and treatments globally. The medical tourism represents a special form of health tourism. The Health tourism constitutes “*The entirety of relations and appearances that arise from the change of locality and stay of persons for enhancement, stabilization and possible Revitalization of physical, mental or social well-being by use of health services, whereas the place of the service is neither the main nor permanent place of residence or work.*” (Kaspar, C. 1996, p. 56). A common and special form of health tourism is the wellness tourism. “*Wellness*

tourism can be regarded as a subcategory of health tourism” (Müller and Lanz, 1998). In 1961, the American doctor Halbert Dunn created the word *wellness* out of well-being and fitness, as specified in his publication on the subject of high-level wellness. He was the first who described the situation of a high level of well-being including body and soul. (Vivien Breitrück & Elena Nunn, 2011:61). Wellness tourism can be defined as “*the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health*” (Mueller & Lanz Kaufmann, 2001). In this context, it is important to make a distinction between *wellness tourists* who are usually healthy and want to maintain or promote this state and *cure guests* whose prime motive is recovery and to heal their illness (Mueller & Lanz Kaufmann, 2001).

The Medical Tourism or Patient Tourism (Rulle, M., 2010), or Clinic Tourism (Barth, R. & Werner C., 2005), or Global healthcare, is a term that was originally made by travel agencies and the mass media to describe the rapidly growing practice of traveling worldwide, to have healthcare. Medical Tourism is a direct result of Globalization of Healthcare; the industry is coming up in vigorous speed. This emerging industry is set to boom because of several factors which are not defined or observed clearly. Medical Tourism could be defined as “*The Medical Tourism is the set of activities in which a person travels often long distance or across the border, to avail medical services with direct or indirect engagement in leisure, business or other purposes*” (Jagyasi, 2009). Medical tourism is distinguished from health tourism by virtue of the differences with regard to the types of intervention (Bio-Medicine / Complimentary medicine), setting (Hospital – Clinic / Non-Medical Facilities) and inputs (Medicament and medical devices / Others). Carrera & Lunt (2010).

“*Summarizing both parts, health and medical tourism are two categories with different motives for travelling. While health tourism promotes the well-being of body and soul by offering relaxation and spa treatments, medical tourism offers body attractiveness, health and vitality through operations. Apart from this, what they have in common is the focus on a better quality of life and as a result an extended life expectancy, and the consciousness of the own body.*” (Vivien Breitrück & Elena Nunn, 2011:65)

In the Greek bibliography the Health Tourism is divided in health tourism – healthy living and thermal-therapeutical tourism. The first form takes place in health tourism centers (health resorts) and emphasizes in the overall improvement of health and physical fitness, while the second form takes place in spa (spa resorts) and consists in the provision of specialized medical services for rehabilitation of existing problems (Andriotis, 2000). Spathi (2000) follows the same categorization and includes health products in the concept of health tourism, which are natural products, made by traditional way with natural and herbal ingredients. Finally, according to the study commissioned by the

hotel Chamber of Greece and scripted by the Institute for Social and Preventive Medicine (Doxiadis et al. 2012), the term “medical tourism” indicates two types of services:

- A. The *medical assistance for travelers*’ who are in a foreign country on holiday or on business trip, or for temporary residence. It includes health emergencies (e.g. heart attack) or regular health care needed for chronic diseases (e.g. kidney dialysis).
- B. The *elective medical tourism*, where the patient chooses to travel in order to take a specific medical service, motivated by factors such as (a) the cost of services, (b) the quality of services and overall healthcare, (c) the long waiting time in the country of origin to receive similar medical services and (d) the opportunity to combine medical care with journey and entertainment.

Concerning the first type of services, “*the medical assistance for travelers*”, the most significant groups of patients suffering from chronic diseases is renal patients, cancer patients, heart patients, People with Hematological diseases, elderly people who require systematic monitoring of medicine and pharmacy. As for the “*elective medical tourism*”, nowadays the most widespread services are cosmetic surgery, dentistry, ophthalmological treatment, artificial insemination, cardiac surgery, orthopedic-therapy and rehabilitation, cancer treatment, and organ transplants. This paper looks into exactly this form of medical tourism, in particular the elective medical tourism.

The International market of medical Tourism

According to the Mc Kinsey & Company (2014) “*Healthcare is now the world’s largest industry — with a value and cost three times greater than the banking sector.*” As the review of patient mobility in Europe⁴Patients noted, a lack of data around mobility in general is compounded in relation to information about the commercial sector (Rosenmüller M., et al 2006). The Editors of *Patients Beyond Borders*’ (published in the USA) “...*believe the market size is USD 24-40 billion, based on approximately eight million cross-border patients worldwide spending an average of USD 3,000-5,000 per visit, including all medically-related costs, cross-border and local transport, inpatient stay and accommodations. We estimate some 900,000 Americans will travel outside the US for medical care this year (2013).*” Patientsbeyondborders (2013).

“*Youngman for his part stakes his claim at 5 million, based on the lowest estimates of official figures from providing countries (TreatmentAbroad. (2009), Youngman, 2009), though there is no way to assess the accuracy of this figure*”. (Lunt, N. 2011:15). This number does not include travelers in wellness, spa destinations or those who travel for diagnostic – preventative checks. America was the destination for about six hundred thousand

patients-tourists, while respectively Europe was visited by 1.75 million and Asia by 2.25 million patients-tourists. Almost every country participating in market share shows a significant increase in its performance.

According to Grail Research (2009) the most popular destinations for medical tourism are Thailand (with 1.54 mil. patients in 2007), India (with 0.45 mil. patients in 2007), Singapore (with 0.41 mil. patients in 2006) and Malaysia (with 0.29 mil. patients in 2006). The most popular of treatments are cosmetic surgery, dentistry, eye surgery, cardiology/cardiac surgery, orthopedic surgery, organ, cell and tissue transplantation. On the other side of the Atlantic, the Editors of *Patients Beyond Borders*' report that the top destinations are: Brazil, Costa Rica, India, Korea, Malaysia, Mexico, Singapore, Taiwan, Thailand, Turkey, United States and the worldwide medical tourism market is growing at a rate of 15-25%, with rates highest in North, Southeast and South Asia.

In the TreatmentAbroad (2012) research 1,045 respondents took part. 55% of respondents were from the UK. For all patients in the survey from all countries, Hungary was the leading destination (12% of respondents), followed by Belgium (11%). Poland, Turkey, Spain, the Czech Republic and India were the destination for around 7% of patients each. About 42% of the UK patients in the study went abroad for cosmetic surgery, 32% for dental treatment, 9% for obesity surgery, and 4% for both infertility treatment and orthopedic surgery. 84% would go back to the same doctor, dentist or clinic. 51% of respondents travelled to a country they had never been to before for their treatment. The cost was cited by 83% of participants as the most important reason for travelling abroad for treatment. Dental patients also cited the ability to combine treatment with a holiday while cosmetic surgery patients cited worries about hospital infection in the UK. Orthopedic, infertility and obesity surgery patients all cited the ability to avoid waiting lists at home. 71% said they had saved more than £2,000 by travelling overseas. 12.7% said they had saved more than £10,000 by going abroad for treatment.

It is apparent that the range of treatments available overseas for prospective medical tourists are wide, including Cosmetic surgery (breast, face, liposuction), Dentistry (cosmetic and reconstruction), Cardiology/cardiac surgery (by-pass, valve replacement), Orthopedic surgery (hip replacement, resurfacing, knee replacement, joint surgery), Bariatric surgery (gastric by-pass, gastric banding), Fertility/reproductive system (IVF, gender reassignment), Organ, cell and tissue transplantation (organ transplantation; stem cell), Eye surgery, Diagnostics and check-ups (Lunt, N. 2011:11).

It's considered by many researches that the figures about the medical tourism volume are not exact. The review from Lunta, N & Carre-rab, P. (2010) about Medical Tourism has suggested major gaps exist

in the evidence base supporting medical tourist research such the patient/consumer profile of those seeking surgery abroad, what shapes decision-making for European patients, what types of information are used etc. On the other side, such numbers are important to quantify economic impact and also to assess potential risk to source health systems. Clarification is required around the sources and surveys used to provide numbers, including the role of national agencies and private facilities in providing numbers. (Lunt, N. 2011:15)

Today, each patient can find through niche websites detailed price lists with the main treatments, including transport and travel, flights, car rental, travel insurance, all medical expenses etc. For the patient-tourist this summary of prices removes any uncertainty regarding the total amount of the cost involved and ensures the possibility to have access to any chosen services.

PRESENTATION OF THE RESEARCH AREA IN NORTHERN GREECE

In Greece until recently health tourism has not been sufficiently developed. The only form showing relative growth is the SPA tourism, while lately Thalassotherapy presents growth trends (Didaskalou, 2000). Greece can become a remarkable health tourism destination, thanks to its stable, mild, temperate climate, which favors both holidays, as well as health improvement. Combined with its natural beauty and rich cultural and historical tradition, Greece can be an important health tourism destination (Andriotis, 2000).

In the 2nd Greek Medical & Health Tourism Workshop held in Moscow in October 2013 the interest of the Russian tourism professionals for the medical tourism in Greece was intense. Indeed, as pointed out, the Russian side clinched the first contracts with Greek private clinics, while the Russians have shown particular interest in the thermal Spa and wellness centers of Greece. During the workshop, more than 792 business meetings took place, while tour operators, as well as 21 representatives of the leading Russian insurance companies were present (Greek Travel Pages, 2013).

The objective of the present paper is the medical tourism in Thessaloniki and Chalkidiki in northern Greece. Thessaloniki is the second largest urban center in Greece, following Athens with approximately eight hundred thousand citizens (according to the census of 2011) and concentrates a large number of Hospital and health facilities. Chalkidiki is located 60 km from Thessaloniki and is a popular tourist destination, not only for the Greeks, but also for foreign tourists. According to the data of the Hellenic Chamber of Hotels (2013), it was found

that in the area there are 35 five star hotels located with a capacity of 11.688 beds, 13 hotels of which are established in Thessaloniki and 22 in Chalkidiki. Also there are 60 four star hotels, with a capacity of 12.749 beds, 20 hotels of which are located in Thessaloniki. Finally, there are 130 three star hotels with 15.182 beds capacity, 41 of which are located in Thessaloniki.

There were about 1.379.590 arrivals from abroad at the airport of Thessaloniki, which serves Chalkidiki as well in the year 2013 (**Hellenic Civil Aviation Authority, 2014**). The main arrivals were from Germany (34.5%), Russia (15.1%), Cyprus (10.7%), Italy (9.4%) and United Kingdom (7.9%). Based on the statistical Data of the Hotel Association of Thessaloniki, for the period January-August 2013, about 51.4% of night spends held by the Greeks. The first place of foreign visitors is taken by the visitors from Russia with 5.1%, the second place is for the Cypriots with 4.4%, the third place for the visitors from Turkey with 3.9%, the fourth place for the visitors from Israel by 3.5% and the fifth place for the Italians with 3.0%. A remarkable fact is that in the year 2012 the first place among the foreigner's night spends in hotels of Thessaloniki goes to the visitors from Libya with 12.7%. In particular, war victims from Libya who were in Greece for medical treatment, along with their helpers, recorded in the year 2012 a total of 146.937 nights spends (Thessaloniki Hotels Association, 2014).

According to the president of the Hotel Association of Thessaloniki, *"the provision of healthcare for injured Libyans is the result of successful agreements and generates significant economic benefits"* and he points out that *"following the right strategy, Thessaloniki could well be turned into powerful Balkan Medical Center and an ideal tourist destination center for Medical services"* (Christoforidou, S. 2012).

The overall establishment of health services in the area is highly developed in both private and public sector. The health services offered by the State are divided into three levels:

- Primary care, which is provided by the hospital and ambulant clinics, health center of insurance institutions, health centers and regional clinics and private clinics and diagnostic centers and consists in overcoming temporary and emergency incidents and transportation of patients.
- The secondary care provided by general hospitals and private clinics.
- The tertiary care which covers the first two categories and additional services for research, education and training, as well as highly specialized medical operations.

Health services are provided by both public (hospitals, health centers, regional health center, insurance organizations), as well as by private entities (clinics, diagnostic centers, health centers). In accordance

with the Ministerial decision FEK 2831/τ.Β'/14-12-11 public hospitals of Thessaloniki and Chalkidiki are nine (9) General Hospitals, with a capacity of 3880 beds, four (4) Special Hospitals with a capacity of 1000 beds and one (1) General Military Hospital.

According to the official website of the Medical Association of Thessaloniki (<http://www.isth.gr/>) the number of private clinics in Thessaloniki is nineteen (19). Within each of these Hospitals and clinics operate 13 Dialysis Units and there are 5 additional private clinics for Chronic Dialysis which are established in the area. In the Health-care establishments of the region must be added:

- 12 Rehabilitation Centers (of private sector)
- 5 In vitro fertilization (IVF) Treatments Centers (of private sector).
- 4 Centers for Counselling and Treatment of addicts persons (Private and Public sector)
- 1 Counselling Center for teens and Young people
- 1 Unit Of Physical Detoxification
- 2 Adult Residential Treatment Programs.
- 5 Adult Outpatient Treatment Programs.
- 2 Therapeutic Detoxification programs for teens and Young people

OBJECT AND RESULTS OF THE PRIMARY RESEARCH

The main purpose of the research was to explore the potential development of medical tourism in the region of Thessaloniki and Chalkidiki. In particular, the research aimed to identify:

- If and how the health units (Hospitals and Clinics) operate in medical tourism.
- To collect informations regarding the characteristics of medical tourism.
- To evaluate the Health Facilities, the Treatments, the Medical personnel and the health services.
- To assess the cost of medical services.
- To indicate the measures and conditions for the development of medical tourism.
- To suggest actions for the promotion of medical tourism.

For the purpose of the research, it was considered appropriate the research to be held among CEOs of Health units (Hospital and Clinics), who could respond to specialized research queries. In particular, the survey has been conducted among the following health care professionals in Thessaloniki and Chalkidiki area:

1. CEOs or General Directors of health unit groups
2. Directors of public hospitals.
3. Privet clinic managers.

The survey was conducted in the spring of 2013 through personal interviews and using a structured questionnaire. According to the results of the primary research many hospitals have developed the Elective medical tourism, while others provide medical treatment for tourists. In fact, some health units have developed both forms of medical services. In particular the 72.7% of CEO's, said that they have offered treatment to patients from other countries that came for this purpose. An 81.8% of executives said that they have treated patients from other countries who were in Greece for another purpose (tourism) and that these health services represent 1% of turnover. In addition, the medical Tourism assessment accounts for 1% to 5% of turnover for hospitals. It should however be noted, that there was a particular private hospital in Thessaloniki, in which the year 2012 the medical tourism (due to patients from Libya) represented 40% of its turnover.

The main nationalities who receive health services in Greece are Englishmen, Germans, Scandinavians, Americans, French, Italians and Poles, Czechs, Libyans, Balkans and Russians. Demographically, the patients belong to high and middle class, but also are economic migrants. To the question "*through which distribution channel do you receive tourists-patients in hospital?*" the CEO of the public sector answered mainly unsystematically and randomly, while private sector executives replied that their patients come through physicians Associates, hotels, tour operators, facilitators and the Libyan Embassy.

The evaluation of the medical staff in the region of Thessaloniki-Chalkidiki, (in scale, 5 for Excellent, 4 for Very Good, 3 for Good, 2 for Average and 1 for Poor) recorded an average of 4.1. In particular the 18.2% of respondents assessed the medical staff as excellent, 72.7% as very good and 9.1% as good. A very important fact is no CEO considers that physicians are mediocre or bad.

The assessment of medical treatments in a scale of 1 to 100, where "100" represented *Pioneering* treatments and "0" *Outdated*, showed an average of 77.3%, a result that is acceptable, but can be improved and can easily, through some investments, lead to a higher level.

All respondents (100%) responded positively to the question whether the existing health infrastructure (clinics, hospitals) can attract prospective tourists – patients to region, for the existing treatments of health tourism.

To the question "*What, in particular treatments can attract foreign patients?*", the respondents referred to in vitro fertilization (I.V.F.), hemodialysis (M.T.N.), specialized surgeries, invasive surgery, ophthalmology, cos-

metic surgery and dental treatment, secondary transplants, rehabilitation robotics, cardiological and rehabilitation services.

The managers believe that the establishments for the medical tourism development needed are thalassotherapy, (25.76%), physical medicine and rehabilitation centers (18.18%), providing specialized medical services centers (18.18%), centers for geriatric services (13.64%), larger hotel complexes (9.09%), psychiatric clinics and detox clinics (9.09%) and other private clinics (6.06%).

To the question "*Which of the following treatments should be offered or supported in health units in the region of Thessaloniki-Chalkidiki*", the responses were as follows: Physical Medicine & Rehabilitation (24.24%), Cosmetic surgery 24.24%, Thalassotherapy-Spas (19.70%), Nefrological – Hemodialysis (13.64%), Eye Surgery (10.61%), Orthopedic (4.55%) and Detox (3.02%).

The executives believe the cost of private health services at health units in the region, are on average 54.5% (at the same level as the other health tourism destinations), with a slight tendency towards the expensive (27.3%) while 18.2% considers that cost low, compared to other tourism destinations.

With regard to the cost of medical treatments, the executives are divided in their opinions on whether the cost of the medical services offered in the region is the most determining factor for the choice of destination for medical tourism. In particular 45.5% of CEO disagrees, 36.4% agree, while 18.1% were neutral in their point of view. However, investigation concludes the private sector executives give a special emphasis on cost, as a determining factor in the choice.

Summing up the results of primary research indicate that health tourism in the study area is small and that the health benefits for tourists in the region do not exceed 5% of turnover. Staff assessment is particularly high with a 4.1 out of 5 rating, while the infrastructure assessment is satisfactory (77.3 index out of 100), which indicates that there is opportunity for improvement.

The services that should be strengthened are in the area of rehabilitation, cosmetic surgery and thalassotherapy-Spa, while services that can be offered to attract medical tourist are in vitro fertilization (IVF), Hemodialysis (M.T.N.), invasive surgery etc. The cost of treatments in private hospitals is considered to be a bit higher comparing to other health tourism destinations. However, the majority of respondents did not consider that cost is the main factor for the choice of destination for medical tourism.

PROPOSALS

All indications resulting from the findings suggest that the necessary potentials for the development of medical tourism in the region of Thessaloniki-Chalkidiki exist. In order to make this development, it is required to take actions on the key axes which are described below.

Aggressive pricing policy

An Aggressive policy is common practice during placement of a new product or when placing existing product into a new market. Therefore, an aggressive pricing policy should be chosen. This aggressive pricing policy concerns not only health units but also hotels which would have to offer all-inclusive packages. The General conditions are encouraging for a pricing of this type, because of the rapid reduction of labor costs in Greece, but also due to the reduction of the salary of health professionals over the last three crisis years. In addition, this cost reduction can be combined with creating attractive packages with hotels, outside the peak tourist season.

Healthcare Accreditation

The health units of the region must proceed to Accreditation by international organizations, because no Hospital in the area is certified. With the completion of the accreditation process and in combination with the aggressive pricing policy and the tourist attractiveness of the region, favorable conditions can be created for the development of medical tourism in the region.

Promotion of the Medical Tourism opportunities in Thessaloniki – Chalikiidiki

Creating a picture of Medical tourism in the region, with a view of local Medical facilities abroad, through the Internet, media, Trade Fairs, etc. is necessary. This can be achieved through the participation in all tourist fairs with emphasis in medical tourism, the creation of websites with the aim of highlighting the city and the region in general, with reference to the provision of medical services, and specialized information about the offered medical services, treatments, facilities and cost.

Infrastructure - Establishments

As found by the survey, the existing medical infrastructure is considered satisfactory and able to attract patients-tourists. However the infrastructure can be strengthened in:

- Thalassotherapy Centers in hotels, and perhaps in some rehabilitation centers.
- Additional centers for physical medicine and rehabilitation, of which there are many modern ones in the area, are not necessary. However, it may be necessary to strengthen such departments in the private clinics.
- Creation of clinical departments providing specialized medical services, such as in vitro fertilization, Ophthalmology etc.
- Geriatric services, centers that are not specialized in the area. These should be modern and have the ability to support the elderly foreigners, who wish to spend some time in Greece and have the corresponding medical and nursing support.
- New private clinics are not needed. However, the modernization and the Accreditation of the clinics are required.

Medical treatments

Strengthening of specialized medical services to attract medical tourist in the treatments of cosmetic surgery, physical Medicine and rehabilitation, Dialysis and Nephrology is essential. The development of medical tourism can be achieved through successful collaborations between Health Units of high standards with luxury Hotel facilities. The co-operating parties should jointly contribute to the competitive profile and international projection of medical tourism packages offered. Synergies and collaboration between medical and tourism services should include, in addition to the basic medical operations and hospitalization of the patient that is exclusive competence of the Health Unit, the following Rehabilitation after the medical treatment, flight services, transfers, and additional services for guests and escorts, excursions etc.

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