



# Barriers to business relations between medical tourism facilitators and medical professionals



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## HIGHLIGHTS

- Medical Tourism (MT) appears attractive but challenging for small medical providers in Greece.
- Medical professionals are alarmed by the negotiating power of MT facilitators.
- A conflictual aspect in the business relation between medical professionals and MT facilitators is revealed.
- Medical professionals explore trade options with medical tourism facilitators with caution.
- Medical professionals consider carefully long established relations that underpin medical dominance.

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## ABSTRACT

This paper examines facets of the developing business relations between two important actors in the supply-chain of transnational healthcare: medical tourism facilitators and medical doctors (MDs) practicing privately and internationalising their services. The empirical focus is Greece, an emerging destination for medical care. Drawing on the sociology of the professions as an analytical framework, rich qualitative data reveals a conflictual aspect in the relation between the two actors, and informs the literature on transnational healthcare of barriers to market development. Particularly, MDs practicing privately often resist what is perceived to be medical tourism facilitators' pressures to control the 'rules of the game' in the submarket which inhibits their collaboration. The paper contributes, thus, to the sociology of the professions by bringing to light a new challenge for MDs engaged in the transnational business arena, represented here by the facilitators; and encourages tourism practitioners to consider MDs' self-understanding, attitudes, and expectations.

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## 1. Introduction

Transnational healthcare refers to the 'transnational pursuit' (demand) and 'transnational provision' (supply) of medical care (Bell, Holliday, Ormond, & Mainil, 2015: 285). The first, either 'long-distance' or 'every day' and 'intra-regional', is a practice within the transnational healthcare sector (Bell et al., 2015); according to the World Trade Organisation nomenclature a mode of international trade in health services. Known also as medical tourism it refers to the travel of a person to a foreign country with the aim of receiving medical care; with an emphasis on 'clinical,

surgical, and hospital provision' (Carrera & Lunt, 2010). On the other hand, the transnational provision of medical care refers to the 'supply chain' of care, which includes medical care providers, travel agencies, accommodation, and transportation services providers (Lee & Fernando, 2015). There is a growing body of literature examining aspects of this developing market (Chuang, Liu, Lu, & Lee, 2014), and yet much remains to be explored or clarified. There are definitional issues around the term and scope of 'medical tourism' (Connell, 2013; Bolton & Skountridaki, 2017); numeric data are inaccurate or exaggerated (Lunt et al., 2014); and while patients and national destinations have attracted much scholarly attention (Ormond, Lunt, & Connell, 2015), less is known about other key stakeholders such as informal care providers (Crooks and Snyder, 2015), the role of intermediaries (Connell, 2013), or the experiences of health professionals (Skountridaki,

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2015). Similarly, there is a gap in our knowledge about the dynamics of the sector; how the transnational healthcare sector evolves and grows, including the *interactions* among key actors, and (contextual) factors or initiatives that promote or dissuade industry developments (Ormond et al., 2015). This paper seeks to address this gap and contribute towards a deeper understanding of industry developments. One way to do so is to explore the developing relationships between key actors, especially if market creation is understood as the result of initiatives and interactions undertaken by various stakeholders. These interactions may involve competition or cooperation; often a combination of the two. As such, aim of the paper is to provide empirical evidence on the interactions between two key actors in the supply chain of transnational healthcare (medical doctors working for small medical providers and medical tourism facilitators) and offer a theoretical interpretation of this evidence through a sociological approach, the sociology of the professions.

Overall, academic contributions and media reports offer evidence of several players in health care considering ways in which internationalisation may prove beneficial for their enterprise, including medical professionals, private hospitals, and governments (see for example Chee, 2010; Labonté, 2013b; Ormond, 2015). Except for perceived opportunities, this paper highlights that the above actors may face new challenges. For example, similar to other industries, transnational regulatory frameworks such as the General Agreement on Trade in Services or European Union legislation may limit the policy choices of governments (see for example the analysis on accounting services by Arnold, 2005). Moreover, as patients move to foreign countries domestic providers may face increasing international competition; and governments may contest the healthcare provision offered by foreign providers to their citizens (as in the case of the Indonesian authorities, Ormond, 2015). In addition, particular actors increase their importance in the international terrain (e.g. transnational regulatory bodies, accreditation bodies) and new actors appear, i.e. medical tourism facilitators. The very moment these actors fill a void in the new market, they threaten to differentiate traditional power balances and potentially forge new dynamics. The focus here is on two key actors with different background and history; medical doctors (MDs), who try to internationalise their services by attracting foreign clientele to their private practices (and thus enter into the area of international entrepreneurship), and medical tourism facilitators, who serve the role of an intermediary between demand and supply (and thus now enter the health sector and in particular a niche subsector). Empirically the analysis examines the perceptions of the first over the latter with a focus on Greece as a destination country for medical services. It is important to note here the distinction between small practices and large hospitals that together account for the transnational provision of medical care. While not comparable to large hospitals in terms of size, resources, or the range of medical services, small providers advertise, attract, and serve a segment of the international demand (Snyder, Crooks, Adams, Kingsbury, & Johnston, 2011; Turner, 2013). In light of this, this study notes that small providers are typically run by medical doctors, a body of knowledge-workers meticulously studied for over four decades by the Sociology of the Professions. Because of its focus on professionals, not least on medical professionals, this body of literature is deemed useful to shed light on the evolving MD-facilitator relation; particularly from the perspective of MDs. The sociology of the professions (Abbott, 1988; Freidson, 1985; Larson, 1977) highlights that MDs are incumbents within the healthcare sector; while this paper offers an example of how private practitioners interpret the

activities of facilitators as challenging medical power. Findings show that numerous MDs in small/medium private practices do not only do business at an international level (Skountridaki, 2015) but that interactions for business purposes are deeply politicised. In particular, medical professionals vie for control over facilitators about who defines the fees and terms of collaboration. Facilitators are often perceived by medical providers engaging in the international market as a countervailing power (Light, 1995) in the new field; in particular, some MDs express dissatisfaction with the relationship or choose to interrupt collaboration with facilitators for reasons which go beyond monetary concerns. Friction results, to a certain extent, in delays in the internationalisation process of providers as it limits the number of provider-facilitator agreements. This mistrust functions as an impediment to market development and generates the need for alternative forms of collaboration.

This paper contributes to knowledge by offering fresh insights both to the Sociology of the Professions and the literature on transnational healthcare/medical tourism/travel. The sociology of the professions examines challenges posed to MDs (both from within the profession and the environment) and the related collective or individual response. The empirical evidence presented here informs the literature of a new market-driven challenge for medical professionals engaging in the international business arena. It also highlights how professionals-owners of small private practices in yet another development in the healthcare sector - advancing internationalisation - attempt to offset the leverage of a new actor, facilitators. Facilitators are for many small providers a unique way to reach foreign clientele. Yet, medical professionals experience the leverage of facilitators as perturbing and remain cautious in their collaborations, thus limiting the expansion of facilitators' operations. This ambivalence of medical professionals working in small medical practices, along with its practical implications, also advances our understanding of how transnational healthcare grows. As mentioned above, little is known about the evolving relations of key actors in the supply side which calls for empirical research aiming to shed light on factors, attitudes, and actions that promote or dissuade transnational healthcare. In light of this, issues of trust by small medical providers towards facilitators are observed, and this paper goes deeper to offer a theory-informed insight into why trust is difficult to establish. Professional norms and attitudes play out as a factor dissuading industry developments.

How successfully medical professionals will tackle the challenge in the long-term is uncertain, as various factors create a dynamic and complex environment. Facilitators come from the business world, where medical providers as much in Greece as elsewhere function as small/medium enterprises competing for market share. Claims over a social purpose and an ethic of service for professionals in a highly commercialised sector fade, weakening the ideological legitimacy for professionalism (Skountridaki, 2015). Furthermore, the multinational operation of facilitators places them out of the state's jurisdiction where medical professionals have better chances to deploy political resources and influence their relationships. The international business environment, therefore, coincides with a relatively attenuated position for private practitioners. The argument of this paper is presented in five sections. The second section discusses the emergence of transnational healthcare and presents the two key actors. It is followed by a presentation of the theory on medical dominance (the Sociology of the Professions) and how this is applied to the Greek context. The fourth section discusses the methodology and the fifth presents the qualitative data. The final section discusses the findings and

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