India as a Medical Tourism Destination: A Case Study of Ahmedabad City

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Abstract

Medical tourism has not seen similar opportunities for growth across Indian cities. In spite of emerging research on the topic, there exists a lack of studies on medical tourism in cities like Ahmedabad. This study aims to analyse specific insights into India as a medical tourism destination, factors affecting the choice of city and hospital for medical tourists and challenges and opportunities for Ahmedabad city in the context of medical tourism. This study has collected data using in-depth interviews of foreign patients undergoing treatments in various hospitals of Ahmedabad. By analysing the interview data, we conclude that India has great potential as a medical tourism hub because of good healthcare infrastructure, quality care of patients, cost-effectiveness, experienced doctors, English-speaking staff, fewer waiting periods, etc. Family and friends, agents, doctors who have previously worked in developed nations, hospitals that have branches or affiliation with hospitals in foreign nations, etc., are the major factors affecting the choice of city and hospital for treatment. International patients coming to Ahmedabad face challenges related to discrimination, warm weather, non-vegetarian food, etc. Opportunities for Ahmedabad include a lower cost of living as compared to Indian metro cities, the possibility of optimum management of scarce but significant resources like blood, and the huge Gujarati diaspora across the world that can serve as a vital link for international medical tourism in Ahmedabad. This study provides significant implications for future researchers, hospital administration and staff, international medical tourists, government and policy-makers, allied service providers in medical tourism, etc.

Keywords: Medical Tourism, Hospitals, Medical Tourism Destination, International Patients.

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1. Introduction

According to the United Nations-World Tourism Organization (UN-WTO), tourism is a phenomenon characterized by the movement of individuals from their permanent surroundings to other destinations for personal or professional purposes in the social, cultural, and economic context. The COVID-19 pandemic, and worldwide lockdowns, thereafter, led to a significant setback for the tourism industry. However, the World Tourism Barometer reported that in November 2023, international tourism was projected to reach between 80% and 95% of pre-pandemic levels (UN Tourism, 2023). Tourism encompasses a wide range of activities, including leisure travel, business trips, and medical treatments.

Medical tourism refers to people travelling abroad to obtain medical treatment. Although medical tourism has a history dating back to the late 20th century, it has experienced a reverse trend in recent decades. Patients from developed countries are now travelling to less developed countries for medical care due to factors such as cost, access, service quality, etc. In developing countries, prices for most medical procedures as well as travel and stay expenses are often half or much less as compared to those in the United States. Some procedures cost up to 80% less. (Pafford, 2009, pg. No. 810-813; Connell, 2013). Common treatments for medical tourists relate to dentistry, weight loss, cardiovascular issues, cancer treatments, orthopaedics, cosmetic treatments, detailed health check-ups and routine body tests (Bagga, Vishnoi, Jain & Sharma, 2020).

There are studies on medical tourism in India regarding opportunities for national scope (Baksi & Verma, 2013; Ramzan & Simon, 2024). However, research on India as a medical tourism centre from an international perspective is comparatively recent. India ranks tenth on the Medical Tourism Index (MedicalTourism.com, 2020), based on the American perceptions of forty-six international healthcare destinations. This index provides insight into how medical tourists view forty-one different criteria across three primary dimensions: Destination Attractiveness, Safety, and Quality of Care. In 2021, India received 3,03,526 medical tourists, of which more than 70% were from neighbouring countries, according to the Government of India, Ministry of Tourism. This data confirms the findings of Ormond (2008) but contradicts the popular notion that people are flocking to developing countries from developed countries for medical tourism, which calls for further study. Comparative or cross-country studies in medical tourism (Ebrahim & Ganguli, 2019) and the impact of globalization on medical tourism (Faisal & Dhusia, 2022) have recently started providing inputs on where India stands on the global map in the context of medical tourism.

India is a vast and diverse nation. So, medical tourism has not seen similar opportunities for growth across Indian cities (Trivedi & Rathod,

2016).   Regions like Mangalore (D'Souza & Pinto, 2023), Delhi-NCR (Malhotra & Dave, 2022) and Chennai (Sasirekha & Shankar, 2022) have been studied closely from the medical tourism perspective. Agnihotri (2022) lists Chennai, Mumbai, New Delhi, Ahmedabad and Bengaluru as the top 5 medical tourism destinations in India. However, there is a lack of recent studies focusing on medical tourism in cities like Ahmedabad.

Ahmedabad is the largest city of Gujarat and a significant industrial and economic hub of India. It has been selected to be developed as a Smart City under the Government of India's Smart Cities Mission and is also declared as UNESCO (United Nations Educational, Scientific and Cultural Organization) World Heritage City. Ahmedabad has emerged as a significant hub for medical tourism, attracting approximately 10,000 to 12,000 medical tourists annually. This influx is driven by the city's advanced healthcare facilities and cost-effective treatments, which are about 60-80% cheaper than those in Western countries. The number of medical tourists has been growing at a rate of 15-20% per year over the past five years. The majority of these patients are NRIs (Non-Resident Indians) and GNRIs (Gujarati Non-Resident Indians), accounting for around 70% of the total patients, and the remaining 30% are foreign nationals.

Ahmedabad has approximately 1900 big and small hospitals, with over 50 hospitals having NABH certification. Ahmedabad's hospitals, such as Apollo Hospitals, Sterling Group of Hospitals, and HCG Hospitals, are well-equipped and have received NABH (National Accreditation Board for Hospitals & Healthcare Providers) and NABL (National Accreditation Board for Testing and Calibration Laboratories) certifications, ensuring high standards of care. The success rate for cardiac surgeries in Ahmedabad is around 95%, which is at par with that in the developed countries. The government has also supported this growth through initiatives such as '108 Emergency Service,' a round-the-clock ambulance service which provides medical assistance at the doorstep, enhancing the city's appeal as a medical tourism destination (Trivedi & Rathod, 2016).

As an emerging topic for research, medical tourism has the potential to significantly impact the country's soft power projection and utilize existing infrastructure to generate new jobs (Gautam & Bhatta, 2020). Recognizing the significance of Ahmedabad on the medical tourism map of India and the lack of research on it, researchers have undertaken studies on medical tourists in Ahmedabad. The results of such research are important and hold value for a variety of stakeholders. Those who can benefit include future researchers who can have a better understanding of the experiences of medical tourists which can facilitate relevant studies. Moreover, information on current trends can help medical tourists get insights into their journey and make informed decisions about their healthcare trips. Findings from these studies

would be useful for the hospital administration and doctors, as well as other healthcare providers, to improve patient care and pay special attention to the needs of medical tourists— which also calls for the attention of policymakers and Indian agencies involved in promoting medical tourism.

The outline of this paper is as follows: The next section is the literature review, which builds upon the valuable foundation laid by previous studies. The following section will outline the research methodology in detail, including specific methods employed for data collection, details about interviewees, etc. Thereafter, the study will list the findings and discuss them in a separate section. Here, we will delve into the experiences of medical tourists in Ahmedabad, along with any challenges that they encountered. Subsequently, the implications of the study will be analysed, considering its impact on various stakeholders. Finally, the paper will conclude with a summary of our study's contribution to broader knowledge of medical tourism in India and Ahmedabad.

2. Literature Review and Research Questions

This section is mainly a discussion on medical tourism, highlighting trends in the medical tourism industry, and the current state of medical tourism globally, in India, and in Ahmedabad. Additionally, it presents a summary table of relevant papers and identifies gaps in the existing research, which this study aims to address.

2.1. Global Medical Tourism Industry

There is a lack of quantitative data on the size and impact of medical tourism. This lack concerns data related to patient flow, the magnitude of revenue generation and beneficiaries from the growth of global medical tourism (Hopkins, Labonte, Runnels & Packer, 2010).

The global medical tourism market was worth US $24.14 billion in 2023 and is expected to reach US $29.26 billion in 2024 and US $137.71 billion by 2032, with a compound annual growth rate of 21.4% during the forecast period from 2024 to 2032 (Fortune Business Insights, 2023). According to the Medical Travel Association (MTA), approximately 14 million people worldwide travel to other countries annually for medical care (Saxena, 2022). India attracts over 2 million medical tourists annually, with a revenue generation of USD 6 billion in 2023, primarily due to cost-effective healthcare and government initiatives like the 'Heal in India' campaign. Turkey, with their competitive hair transplant procedures and dental care, has generated approximately USD 5 billion in 2024. Thailand is famous for oncology,

neurosurgery, and cosmetic procedures and it has generated US dollar 15.38 billion in 2024 and is expected to grow to US dollar 16 million by 2030. The United States attracts patients who are seeking treatment which is not available anywhere in the world and the medical tourism market value is US dollar 8.74 billion and is expected to go up to US dollar 18.2.1 billion by the year 2030 (Grand View Research, 2024).

Literature suggests the following trends in the global medical tourism industry:

- The global cosmetic medical tourism market is consistently rising owing to self-awareness and demand for aesthetic improvement, marking about 14.98 million surgical and 18.86 million non-surgical procedures being performed worldwide in 2022. The U.S., Brazil, Mexico, Turkey, and Colombia lead the surgical cosmetic procedures performed due to advanced healthcare systems. The opening of new clinics in Indonesia and India is expected to drive growth in medical tourism for cosmetic treatments in the coming years (Modor Intelligence, 2024).

- The medical tourism sector aims to enhance its business by integrating Artificial Intelligence (AI) in diagnostics, telemedicine, patient data management, etc, thereby drastically reducing the process & cost of seeking medical treatment abroad. Medical treatment abroad is becoming easier and faster. One such notable example is HealthStay.io's AI sales and management solution, which was launched in mid-August 2024 and aims to revolutionize the healthcare sector in the UAE and beyond. This is part of a larger challenge in medical tourism to use technology to enhance patient experience (Strait Research, 2024).

- The infusion of advanced technology is having a major impact on the role of medical tourism, robotic surgery, AI diagnostics, and data security. Blockchain is making healthcare easier and cheaper for patients around the world. Telemedicine works by allowing remote consultations, reducing travel costs and transportation disruptions, while robotic surgery and advanced diagnostics can lead to better outcomes. Furthermore, changing patient preferences have led to doctors competing with each other to provide quality service, personalized care, and healthcare services. India, Thailand and Costa Rica are popular among medical tourists due to their advanced medical treatments and holistic therapies. The need for treatments for diseases related to ageing is increasing the demand, which is supporting further growth in the sector (Elliot, 2024).

2.2. Medical Tourism Industry in India

In 2022, the Indian healthcare sector achieved a significant milestone, surpassing $ 370 billion in value. Nexdigm has predicted that by 2026, the industry will experience further growth, with projections estimating that it will exceed $610 billion. This expansion can be attributed to the escalating need for advanced and superior healthcare services. (International Trade Administration, 2024).

Over the years, India has become a preferred choice for medical tourism; it ranks 10th on the Medical Tourism Index (Refer to Figure 1). There was a massive dip in medical tourists' arrival in India due to COVID-19 which got slowly restored to normal levels. In 2019, of all the foreign nationals that visited India, 6.37% had visited for medical treatment purposes and in 2021 their number jumped to 21.15% (Government of India, Ministry of Tourism, 2023). The ability to provide a diversified range of treatments and cost leadership has led to a long-standing market for India in the field of medical tourism (Ebrahim & Ganguli, 2019; Gautam & Bhatta, 2020).

India has around 41 JCI (Joint Commission International) accredited hospitals. Every year, about 2 million patients come to India from approximately 80 countries for medical, IVF (vitro fertilisation) and wellness treatments. This massive influx generates $6 billion for the industry. Backed by the government's Heal in India initiative, the size of the Indian medical tourism industry is expected to reach $13 billion by 2026 (Agnihotri, 2022). Figure 1 provides details of the Medical Tourism Index and average procedure cost for selected procedures in select nations.

Country, Medical Tourism Index ranking, and average procedure cost   Lowest cost ▮▮▮ Highest cost

Procedure	India (10th)	Costa Rica (7th)	Korea (14th)	Thailand (17th)	Mexico (42nd)	Malaysia (2021 rank not available, gaining traction)	US (*)
Heart bypass	$5,200	$25,000	$28,900	$15,121	$27,000	$11,430	$144,000
Angioplasty	$3,300	$13,000	$15,200	$3,788	$12,500	$5,430	$57,000
Heart valve replacement	$5,500	$30,000	$43,500	$21,212	$18,000	$10,580	$170,000
Hip replacement	$7,000	$12,500	$14,120	$7,879	$13,000	$7,500	$50,000
Hip resurfacing	$7,000	$12,500	$15,600	$15,152	$15,000	$12,350	$50,000
Knee replacement	$6,200	$11,500	$19,800	$12,297	$12,000	$7,000	$50,000
Spinal fusion	$6,500	$11,500	$15,400	$9,091	$12,000	$6,000	$100,000
Dental implant	$1,000	$900	$4,200	$3,636	$1,800	$345	$2,800
Rhinoplasty	$4,000	$4,500	$5,000	$3,901	$3,500	$1,293	$8,000
Face lift	$4,000	$6,000	$15,300	$3,697	$4,900	$3,440	$15,000
Hysterectomy	$2,500	$5,700	$11,000	$2,727	$5,800	$5,250	$15,000
Lasik (both eyes)	$500	$1,800	$6,000	$1,818	$1,995	$477	$4,400
Retina	$850	$4,500	$10,200	$4,242	$3,500	$3,000	$7,500
IVF treatment	$3,250	$2,800	$2,180	$9,091	$3,950	$3,819	$15,000

Figure 1: Medical Tourism Index – Select Nations
Source: HFS Research and MediConnect India, 2023

2.3. Medical Tourism Industry in Ahmedabad

Ahmedabad, the most populous city in the state of Gujarat, is also known as the "Pharma Capital of India." The city's pharmaceutical industry was started way back in 1952 with the establishment of Zydus Cadila, Which is one of the top 10 largest Pharma companies in India by market capitalisation (Patel, 2024). In the past few decades, Ahmedabad has established itself as a pharmaceutical research, manufacturing, and export giant attracting global attention and investments. The state commands 28% of India's pharma exports.

Ahmedabad's oldest hospital, the civil hospital was started way back in 1841 with the help of philanthropists Sheth Shri Hathising & Premabhai. Recently, it has been one of Asia's largest hospitals which treats over 9 lakh OPD patients and more than 1 lakh indoor patients annually (Civil Hospital, 2020). The healthcare system has expanded since the beginning of the COVID-19 pandemic in Ahmedabad, with an increase of 10% in the number of hospitals and nursing homes over three years. More than 1900 major and minor hospitals operate within this city as of 2024 (Shastri, 2024).

Even though there is a lack of recent information regarding medical tourism in Ahmedabad, it is essential to acknowledge that Ahmedabad, as a key city of Gujarat, contributes to India's overall medical tourism industry. Ahmedabad attracts medical tourists due to its state-of-the-art healthcare facilities, skilled personnel, and cost-effective rates. The average cost of treatments in Ahmedabad is approximately 60% lower than in other developed countries, making it a cost-effective option for medical tourists. The scope of medical tourism in Ahmedabad is considered bright and emerging, with potential for growth and development in the future (Shah & Shah, 2013). To understand more about medical tourism in different regions of India, a summary of the review of six research papers on the topic is provided below in Table 1.

Table 1: Summary of Six Relevant Literature Review Papers

Sr. No.	Title	Author (s)	Journal	Year of Publi-cation	Paper Type	Research Objective	Variables/ Research Aspects	Methodology Sample Instrument	Major findings of the study	Implications for Future Research or Research Gap Identification
1	Medical Tourism Awareness and its Potential to Excel in Developing Cities: A Case Study of Mangalore City	D'Souza, V. & Pinto, P.	Atna - Journal of Tourism Studies	2023	Quantitative	To analyse the scope of medical tourism in developing cities of India and to study factors affecting less penetration of medical tourism despite a particular place having all competitive advantages of medical tourism.	Awareness of medical tourism in hospitals, Potential to excel in Medical Tourism, Education & Training of Staff, Promotion, Upgradation of Infrastructure, Facilities and Services	Semi-structured questionnaires were used to collect data from middle and top management in hospital administration.	Promotion is the key to creating awareness about medical tourism and there is a clear link between awareness and the potential of medical tourism.	Future research can focus on the impact of investment in the sector on the potential of medical tourism and, the impact of technology on the growth of medical tourism. Similar studies can be conducted for other developing cities in India.
2	A study on the Challenges and Outlooks of Medical Tourism in India regarding Chennai region	Sasirekha. K., Sankar, P.	Journal of Positive School Psychology	2022	Quantitative	To study the factors that support and challenge medical tourism in Chennai city, and to analyse the impact of facilities, cost, waiting period, feel-good factors and the role of government and relevant departments in the medical tourism industry of Chennai.	Facilities, Cost, Waiting Time, Feel-Good-Factor	Structured questionnaire used for 150 international patients from the Middle East, Africa and South East Asia who had arrived for medical treatments at four specific private sector hospitals in Chennai	Chennai is well-known for providing top-notch medical services at reasonable prices, establishing itself as a favoured destination for medical tourism. Essential factors like facilities, expenses, waiting time, and overall patient experience are crucial in drawing medical tourists to Chennai.	This research is significant as a case study of one Indian metro city, which is a leading medical tourism hub. This study can be replicated for other Indian cities. The instrument of data collection is a questionnaire, whereas in-depth interviews can provide valuable insights for this study.

#	Title	Authors	Journal	Year	Type	Objective	Variables	Methodology	Findings	Future Research
3	An Assessment of Competitiveness of the Medical Tourism Industry in India: A Case of Delhi NCR	Malhotra, N. & Dave, K.	International Journal of Global Business and Competitiveness	2022	Qualitative	To examine the essential factors necessary for India to establish, develop, and offer a unique positioning as a medical tourism hub through a combination of literature review and qualitative research in Delhi NCR region	Competence of India as a medical tourism destination, Positioning strategies for successful medical tourism, Government facilitation and support for the industry	20 semi-structured in-depth interviews with senior doctors, and experienced hospital managers	Medical tourism grew in India, despite the COVID-19 pandemic. Growth Drivers: Advanced technology, skilled professionals, and competitive pricing. Challenges: Regulatory issues, infrastructure limitations, and marketing needs	Future research should focus on evaluating the impact of government policies and incentives, exploring the integration of telemedicine and digital health technologies, studying factors influencing patient satisfaction, analyzing market dynamics, assessing healthcare quality, and examining the economic contributions and sustainability of medical tourism practices. Similar studies for different geographies can be undertaken.
4	Medical Tourism: Treatment, Therapy & Tourism	Bagga, T. Vishnoi, S., Jain, S. Sharma, R.	International Journal of Scientific & Technology Research	2020	Quantitative	To identify significant factors in the choice of medical tourism destinations, to study how treatments can be combined with post-treatment therapies and vacations in India.	Reputation of the hospital, Latest equipment and facilities, Possibility of combining medical treatment with a vacation	Structured questionnaire for the survey of 200 respondents, mostly male patients from Bangladesh, aged 19 to 40 years	The cost-effectiveness of treatment, advanced technology of medical treatment, dual benefits of combining treatment with vacation and the sound medical eco-system in India are the major reasons for medical tourists coming to India.	This study uses a structured questionnaire to gain insights into foreign patients, largely from Bangladesh, who came to India for treatment. It does not use instruments like interviews for a deeper probe into patients' decisions. Also, since the sample consists of patients from a single country, similar studies on patients from multi/developed countries can be undertaken.

No	Title	Author	Journal	Year	Method	Objective	Keywords	Analysis	Findings	Future Research
5	Medical Tourism in India: Possibilities and Problems of Alternative Medical Treatment	Gautam, P., Bhatta, K.	International Journal of Health Management and Tourism	2020	Secondary Data Analysis	To explore the potential and challenges of alternative medical treatments in India within the context of medical tourism	Alternative medical therapies, Wellness tourism, Potential and problems of medical tourism in India, Standardized herbal drugs and medicines, Genuine raw materials, Drug processing mechanisms, Infrastructure, Training for staff, Sensitivity to cultural diversity	Analysing secondary data from existing literature on the topic	Potential: India offers low-cost, high-quality medical services. Categories: Include surgical, cosmetic, alternative, and wellness treatments. Challenges: Issues with standardization, infrastructure, and staff training	The research suggests that future researchers should focus on standardizing herbal medicines, improving infrastructure, and training non-medical staff for better cross-cultural sensitivity. Additionally, exploring the economic impact of medical tourism on local communities and healthcare systems is recommended.
6	A comparative analysis of medical tourism competitiveness of India, Thailand and Singapore	Ebrahim, A. & Ganguli, S.	Tourism	2019	Secondary Data Analysis	To provide a comparative insight into the strategic advantages responsible for the competitiveness of the medical tourism market in India, Thailand, and Singapore	Medical Specialties, International Accreditations, Infrastructure, Reputation, Market Orientation, Competitive Strategies	Analysing secondary data from existing literature on the topic	Core Competencies: Singapore: Advanced medical system. Thailand: Cost-effective services. India: Cost leadership and diverse offerings. Economic Impact: Significant benefits include foreign currency reserves, job creation, and economic growth	Future research should focus on the evolving dynamics of strategic resources and competencies in medical tourism. Comparative studies on different regions and emerging markets can offer deeper insights. Additionally, examining the long-term economic impacts and the role of technology in enhancing patient experience and operational efficiency will be crucial for developing effective policies and frameworks.

Table 1 suggests studies of medical tourism in metro cities such as Delhi-NCR and Chennai, as well as developing cities such as Mangalore. The method employed for data collection is mainly structured or semi-structured questionnaires of foreign patients and hospital administration or analysis of secondary data. After studying the existing literature as analysed in Table 1, the existing research addresses the following research questions:

- RQ1: Using in-depth interviews of foreign patients, what are the specific insights into India as a medical tourism destination?

- RQ2: Using in-depth interviews of foreign patients from various nations, how are choices of city and hospital for medical treatment made by foreign patients?

- RQ3: Are there any specific opportunities and challenges for medical tourism in Ahmedabad?

3. Research Methodology

Quantitative studies are mostly limited to numerical outcomes. Therefore, respondents' experiences, feelings, and opinions can be better understood using qualitative methods. Martínez Álvarez, Chanda, and Smith, 2011(Pg. No. 3) noted, "Qualitative research allows for a deeper understanding of stakeholder perspectives, which is crucial for developing effective bi-lateral agreements in medical tourism." Malhotra and Dave, 2022 (Pg. No. 220) highlighted that "the competitiveness of the medical tourism industry can be assessed more comprehensively through qualitative insights into patient experiences and industry practices." Hence, this study used qualitative research to study medical tourism in Ahmedabad.

The instrument used for data collection is a semi-structured, in-depth interview. Oberoi & Kansara, 2019 (Pg. No. 31) emphasised, "understanding the factors influencing medical tourism in India requires a critical review of patient experiences and the quality of care provided." Such details about patient experiences and quality of care can be sought predominantly through in-depth interviews. For conducting the interviews, we prepared an interview guide which included various sections such as personal information, the type of disease the patients were suffering from, how they found out about India and Ahmedabad, treatment and experience, and the follow-up. The detailed interview guide and connection of questions asked to the patients with research questions (RQs) mentioned above is provided in Table 2.

Further, we have used the judgement sampling method. The judgement sample is a non-random sample, where researchers select respondents per the requirement of the topic. This study selected the sample from various areas of Ahmedabad and nearby regions, such as Gandhinagar. With the

help of an agent connected to hospitals and one of the foreign student friends from the semester six business administration class, connections were made with relevant respondent patients. Interviews were conducted either in the form of video call interviews or personal interviews, depending on the convenience of the respondent patients. In-depth interviews (lasting 60 to 90 minutes) of 12 foreign patients ready to share their experiences during ongoing treatment in Ahmedabad city were conducted. The profile of the respondents is provided in Table 3.

Table 2: Interview Guide

Questions About the Patient	General information	1. Name of the patient? 2. Age and sex of the patient? 3. What is the status of your medical treatment? A.) Ongoing B.) Not yet started C.) Completed 4. Nationality of the patient? 5. Approximate duration of stay in Ahmedabad?

Questions Related to the Disease	Disease information	1. What is the name of the disease you are suffering from?
		2. Is the disease/condition life-threatening?
		3. Is there a cure/treatment available for it?
		a. If Yes:
		  i. What is the name of the treatment?
		  ii. What is the approximate time of recovery?
		  iii. Will you have to come back for a follow-up after the surgery?
		b. If No:
		  i. Is there a treatment that is likely to be available shortly?
		  ii. What are the steps taken to relieve you from the symptoms?
		4. Is there a history of the same disease in your family?

The decision regarding Treatment from a Foreign Country	RQ1	1. Why did you decide you wanted to get the treatment from a foreign country and not your own? 2. Which countries were you considering for your medical treatment? 3. From where did you find out about India? 4. Which factors led you to choose India for medical treatment? 5. Did you receive any conflicting information from medical, paramedical and hospital management staff for Indian hospitals? Can you share some experience? 6. What were your expectations from your medical tourism experience?
Agent/ Consultant Related Questions	RQ1	1. Did you hire an agent/consultant/facilitator? 2. Is your medical travel facilitator well-acquainted with the referral hospital? 3. What is the agent's name, and how did you find out about the agent? 4. What were the services provided by the agent? 5. If you had to rate your agent between 1-10, what would be your answer? (10 being excellent, five being ok, and one being terrible) 6. Do you think you could have managed without an agent? (Ask only if the answer to question 1 of this section is yes) 7. Will you recommend others to hire an agent or do it by themselves?

Coming to India	RQ2 & RQ3	1. What were the top 3 cities in India in your consideration for treatment? 2. Why *[City Name]*? 3. Of these three cities, how did you finalise Ahmedabad for treatment? 4. What were the biggest challenges you faced as a medical tourist in India and Ahmedabad?
Hospital	RQ2 & RQ3	1. In Which hospital is your treatment going on? 2. How comfortable are you with the procedures and the treatment you received so far? A.) Very comfortable B.) Moderately Comfortable C.) Neither Comfortable nor Uncomfortable D.) Moderately Uncomfortable E.) Very Uncomfortable 3. How much did the entire treatment cost? 4. Is your treatment covered under insurance? 5. How much is the cost difference between this treatment in your country and India? 6. Why did you specifically select this hospital? 7. What was the communication between you and the hospital staff? 8. Were you satisfied with the quality of the facilities and equipment at the hospital? 9. How would you rate your overall experience with the hospital? (10 being excellent, five being ok, and one being terrible) 10. Do you have any concerns or complaints about the hospital?
Language	RQ3	1. How will you rate your English speaking and comprehension skills? 2. Did you face any communication issues related to language? 3. Did you face any other issues in Ahmedabad city?
Miscella-neous questions	RQ1, RQ2 & RQ3	1. Did anyone travel/stay with you when going to India for treatment? 2. Did you experience any cultural challenges during the period of your medical tourism? 3. How would you rate the quality of your medical treatment in India? 4. Will you recommend other patients to come to India for treatment? 5. What advice would you give other patients concerning medical tourism in India? 6. Have you noticed any changes in your dietary habits? 7. What factors do you believe have contributed to the rise in medical tourism in India?
Source: *Prepared by authors based on Malhotra & Dave (2022)*		

Table 3: Profile of Respondent Patients

Patient No.	Gender	Age	Nationality	Hospital Name	Type of Hospital	Type of Interview	Date of Interview	Ailment
1	Female	3	Mozambican	Aashka Multispeciality Hospital	Private	In-person (with parent)	10 July, 2023	Sickle cell anaemia
2	Male	21	Mozambican	Dr Agarwal's Eye Hospital	Private	In-person	18th July, 2023	Cataract Surgery
3	Male	3	Kenyan	UN Mehta	Government (PPP Model)	Video Call (with parent)	25th July, 2023	Large VSD (Ventricular septal defect)
4	Female	13	Yemeni	UN Mehta	Government (PPP Model)	In-person (with parent)	3rd August, 2023	Tetralogy of Fallot
5	Male	84	US Resident	Epic Hospital	Private	Video Call	8th August, 2023	Congestive Heart Failure
6	Male	60	Kenyan	Sterling Hospital	Private	Video Call	24th August, 2023	Heart problem
7	Female	38	Tanzanian	Sterling Hospital	Private	Video Call	6th September, 2023	Thyroid cancer
8	Male	63	Kenyan	Sterling Hospital	Private	Video Call	11th September, 2023	Benign prostatic hyperplasia (BPH)
9	Female	81	Australian Resident	Epic Hospital	Private	Video Call (with Son)	22nd September, 2023	Rheumatic Heart
10	Female	21	Mozambican	Sanjeevani Super Speciality Hospital	Private	Video Call	27th September, 2023	Acute Gastroenteritis plus Viral Fever
11	Female	50	US Citizen	Sushrusha Hospital	Private	Video Call (with daughter)	3rd October, 2023	Uterus Issue
12	Male	25	Mozambican	KD Hospital	Private	Video Call	5th October, 2023	Pneumothorax

Source: *Authors*

4. Findings and Discussion

After collecting data, the interview audio was converted into a transcript using Riverside.fm, GoodTape.io, and then the data was analysed from the transcript. This section organises findings from the interviews of medical tourists to assess the competitiveness of Ahmedabad as a destination for medical tourism in India and India's positioning in the medical tourism market. Based on the interviewee's responses, the following are the findings and related discussion of the research:

4.1. India's Competence as a Medical Tourism Destination – Specific Reasons for Country Selection

Corporate hospitals in Indian metro cities and smaller cities like Pune, Goa, and Ahmedabad have offered world-class patient facilities that mainly focus on foreign patients. (Reddy & Qadeer, 2010). Cost efficiency, less waiting time, quality of treatment, and availability of various procedures were the motivators for choosing medical treatment in India. The primary sources consulted were the Internet, former patients' endorsements, and doctor and facilitators' guidance before selecting India as a final treatment choice. (Zu et al., 2020, Bagga et al.,2020). Specific reasons for selecting India for medical treatment are discussed below.

4.1.1. Healthcare Infrastructure

Over the past few decades, Indian hospitals have invested much money and resources in modernising their equipment and tools for minimally invasive surgeries. Most of the respondents agreed that India has an excellent medical infrastructure compared to their native countries, and this was one of the primary reasons for choosing India as a destination for medical treatment.

"What factors, according to you, have contributed to the many patients coming to India for treatment?

Efficiency, availability of good medical equipment, doctors." - Patient no. 9 (interview with son)

4.1.2. High-quality care

Hospitals are also increasingly adopting cutting-edge technology and adhering to international standards of care. This attracts more medical tourists to India.

"How would you rate the quality of medical treatment in India? In general? Not just the hospital?

It's pretty good. Overall, all great, I think." - Patient No. 5

"How would you rate the quality of medical treatment?

Very good." - Patient no. 2

4.1.3. Cost-effectiveness

The other reason is that treatment is cheaper than in other nations due to the extensive medical and paramedical workforce availability. India is known for being the pharmacy of the world, which helps Indian hospitals reduce their costs for medication through generic medicines.

"That's the difference between (India and Australia are) Rajabhoj and Gangu-Teli, that much. Rajabhoj in India, Gangu-Teli in Australia (What the patient wants to say is that the difference in prices of treatment is as big as the difference between a king and a commoner, i.e. India is very cheap comparatively)." - Patient no. 9 (interview with son)

4.1.4. Experienced doctors

India possesses many highly qualified and experienced medical professionals, many of whom have trained or worked in the US, UK, or other developed countries. Moreover, the respondents believed that Indian doctors were highly skilled. The reason for that opinion was the large Indian population and low doctor-patient ratio, which gave doctors more hands-on experience.

"Doctors in Kenya proposed that I go to India. As the doctors are well trained and experienced there." - For Patient No. 3 (interview with parent)

4.1.5. English Speaking Doctors and Staff

According to most respondents, the hospital staff was very cooperative, and the patients who spoke English had minimal difficulty communicating with the hospital administration staff and doctors. Their only problem regarding communication with the hospital was with the nurses and the ward boys. They felt that improvement could be made if nurses and ward boys could speak in English.

"Were the hospital staff supportive? Yes, the hospital staff supported us. Very much. They are invaluable. And my daughter usually had a mental crisis whenever I took her for treatment. But here, they are extremely accessible and helpful. My daughter is famous there. (for context, the patient was a 3-year-old child with Sickle cell anaemia, a genetic disorder where RBCs die very quickly; the child was very playful and lovely)." – For Patient No. 1 (interview with parent)

4.1.6. Diplomats and Indian High Commission as promoters of the Indian Medical Tourism Industry

People working in Indian high commissions in foreign countries also help promote medical tourism in official and unofficial capacities. In one of the interviews, the respondent revealed that he was close friends with an Indian diplomat who influenced him to get treatment in India.

"Where did you hear about India? Can you get a good facility in India at a much lower cost?

From a friend (on investigating further, it was found that this friend of the patient was an Indian, working for the Indian High Commission to Kenya)" - Patient no. 6

4.1.7. Waiting Period

According to one of the respondents, the waiting period was very long in developed countries, and he believed that patients could get treatment very quickly in India. He also thought that the doctors in India acted faster than those in developed countries.

"I think sometimes, you know, having to go to India and get it done within a month or a week, it is a big benefit rather than waiting on insurance cost and long wait." - Patient no. 5

4.2. Specific Factors in the Selection of City and Hospital

Referring to the second research question, we asked the respondents' patients specific questions to probe their reasons for selecting a particular city and hospital for medical treatment in India. Following is the discussion of significant findings:

4.2.1. Family and Friends

A patient was found to be more likely to come to India if one of their friends or relatives was residing in India and/or had already availed of treatment from India.

"I was at the hospital. There is a doctor. The hospital's name is Regency. I met Dr Y. Okay, there was Dr Y in your country who recommended that you go to India. Yes? Yeah, and he told me that you go over there because you have family and friends there." - patient no. 11 (interview with daughter)

4.2.2. Agents

Apart from doctors, family, and friends, agents significantly influenced the treatment selection in the city and/or hospital. The agents advertised their services on Facebook and local WhatsApp groups to scout clients for their tie-up hospitals. These agents mainly targeted clients who did not speak English.

Interviewees believed that local doctors and agents worked with Indian private hospitals to refer patients to them on a commission basis.

4.2.3. Doctors who have previously worked in Developed Countries

During the conversation, a few of the respondents revealed that they used to get treatment in their country from the same doctor who now operated on them in India. Further investigation revealed that some doctors who previously worked in developed countries had created such a good rapport with their patients that they were willing to come to India to get treatment from the same doctor. This was a specific factor for patients, resulting in selecting a particular city and hospital.

"Dr X (Name omitted for the privacy of the doctor) bhai is everything to us. If Dr X Bhai recommends it, that means I have to arrange a time for treatment. No choice." - Patient no. 9 (interview with son)

4.2.4. Hospitals which Have Subsidiaries in Developing Nations

Two respondents revealed that the hospitals they visited in their country advised them to get their treatment done from hospitals in India which were subsidiaries of hospitals from their home countries. On further probing, it was found that the respondents were advised to do so because of the good infrastructure in the Indian branch of the same hospital.

"It was like X Eye Hospital in my country. So, they say I can visit their branch in Ahmedabad. Okay, they had a branch in Ahmedabad. Exactly, exactly." - Patient No. 2

4.2.5. Government versus Private Hospitals

Respondents believed that patients should visit government hospitals at least once before getting any treatment from private hospitals.

"Our patient is in government hospital. But some of my relatives are in private hospitals so they are suffering from the language barrier with the private hospital, and they are paying some amounts to translators. In government hospitals, it is available free of cost. (for some context the patient was a 13-year-old female child

who came from the war-torn nation of Yemen)" – Patient No. 4 (interview with parent)

Government hospitals include PPP (public-private-partnership) model hospitals as well. It was found that the foreign patients went there not because of advertisements or agents but because of information through word of mouth. Interview discussion pointed out that some patients had a slight distrust of private hospitals and trusted government hospitals more because government hospitals were cheaper than private hospitals. Moreover, interviewees also pointed out that private hospitals successfully pulled patients because of their network of doctors and agents. They had dedicated teams to handle international patients and give them quality services at competitive prices. Respondents also believed that private hospitals could be providing incentives to doctors and agents to recommend their hospitals.

4.3. Opportunities and Challenges to Medical Tourism in the context of Ahmedabad City

Following is the discussion of significant insights into the third research question:

4.3.1. Opportunities

- Lower Cost of Living
  According to the respondents, they chose Ahmedabad over other major cities because of its lower cost of living, as compared to Indian metro cities.

  "Ahmedabad, because you know the treatment is cheaper than Mumbai, you know. We used to go to Mumbai first, but we had like Ahmedabad is cheaper than Mumbai, so we came here."- patient no. 8

- A Large Gujarati Diaspora
  According to a 2015 study by the United Nations, Gujaratis comprised approximately 33% of the Indian diaspora worldwide and were found in 129 out of the 190 nations listed as sovereign by the United Nations (Arora, 2021). This provides a very special opportunity for Ahmedabad in the context of international medical tourism, especially for the NRI and NRG categories of patients. Respondents of Indian and Gujarati origin pointed out the same fact during their interviews.

4.3.2. Challenges

- Discrimination by Locals
  Visiting foreign nationals had to face discrimination due to their food habits and found it difficult to find accommodation other than a hotel.

"Did you experience discrimination when you were looking for a house?

I've been through situations like this because I'm African. They don't associate, because we eat meat. The fact that we eat meat, and they eat veg." - Patient no. 1(interview with parent)

- Warm Weather

  For some of the respondents, Ahmedabad's weather was too hot and they found it uncomfortable for a long stay.

- Blood banks

  Blood plays a very crucial role in any surgical procedure performed by the hospitals. During interviews, a patient said that they had to struggle to procure blood for the patient, and the hospital had failed to do so on their behalf.

  "The thing you know like we went to two or three blood banks once like we called someone, and they said oh yeah we have it and once we went there and they said oh we are sorry we don't have." - Patient no. 9 (interview with son)

- Non-Vegetarian Food

  "In my country, it is very different. We dress differently. Okay. The way we chew food is very different. It's just like Mumbai a little bit and Gujarat is more, it's like people from here are (more) close-minded, they control too much what you do what you eat yeah especially eating in terms of non-vegetarian food." - Patient no. 12

  People of Gujarat are predominantly vegetarian, non-vegetarian food is a cultural barrier. Accepting the food habits of foreign patients can be a challenge in Ahmedabad.

  Both blood banks and access to non-vegetarian food, which are challenges for medical tourism in Ahmedabad, can be turned into opportunities. Hospitals in Ahmedabad can improve their network with blood banks and create more opportunities for foreign patients. It is a fundamental problem which can be solved by optimisation of the supply chain of blood to reduce wastage and predicting the need for blood even before it arises, by using technology. Hospitals and hospitality partners can make arrangements for specific food requirements of international patients.

  Based on the above discussion and the three research questions, Figure 2 is a depiction of the various significant themes of medical tourism in India and Ahmedabad and the interdependencies of these themes.
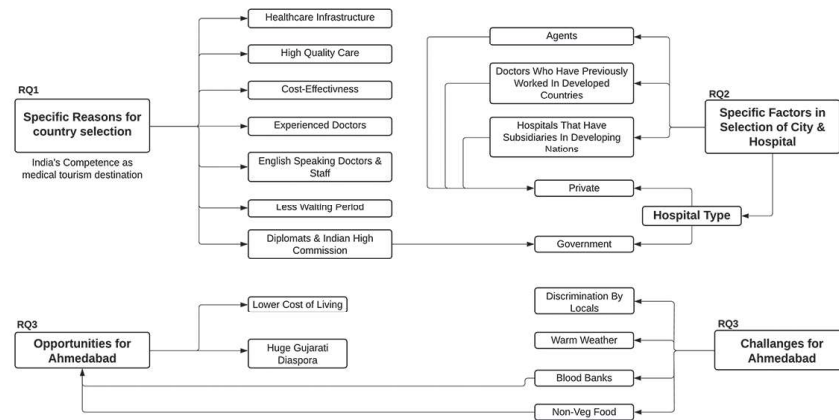
Source: Created by Authors

Figure 2: Significant themes based on Research Questions and the Interdependencies between themes

5. Implications of the study

This section is divided into two parts. The first one is theory implications which delves into the contributions that this research can make for future studies in this field. The second part is practical implications which help understand how current research can add value to various stakeholders like patients, hospitals, and policymakers in promoting Ahmedabad and India as a medical tourism destination.

5.1. Theory Implications

This study was Ahmedabad-based, and the other Indian cities were not taken into consideration. So, it can be said that this study was limited to one region only and hence the universality of the study is debatable. Taking into consideration other major cities and countries for medical tourism research will give more proficient results for comparison. Future qualitative studies can also undertake more detailed analysis using software like NVivo for creating several level codes. The results and outcomes of using such tools would be more scientific.

Future research can focus not only on allopathy but also on Ayurveda, Homeopathy, Naturopathy and other alternative therapies for treatment and well-being. The awareness, intention to use and satisfaction of foreign patients from use of alternative therapies can be studied.

Medical tourism sometimes raises ethical questions regarding accessing foreign nationals at hospitals and getting authentic information about treatment costs. In the current research, one patient respondent said that the language translator was charging high for being a mediator at the hospital and the patient experienced trust issues with the translator. Therefore, future

studies can focus on gathering more relevant information about pricing, cost of treatments and trust perspectives of foreign patients undergoing treatment in India.

International perception of India as an unhygienic country with poor infrastructure in government-aided hospitals and a lack of international accreditation for medical facilities can hamper India's image as a medical tourism hub. New research in this field can focus on the significance of this perception and how it can be changed through promotion, improving hygiene and uniform accreditation measures. Future studies can also focus on the need for careful policy frameworks to ensure that medical tourism provides benefits to the Indian healthcare system and promotes equitable access to quality care for all – not just the foreign nationals but the Indians as well.

5.2. Practical Implications

'Medical tourism' gained popularity because of constant communication through various media, and its regular mention by researchers and policymakers. The necessity to add the word 'tourism' to the concept of medical treatment is far more relevant than it appears. Previous studies suggest that Indian medical tourism has the potential to achieve a top-level position in the global medical tourism market. "If the U.S. healthcare industry is unable to eliminate waste and inefficiency and thus curb rising costs, it will continue to lose surgical revenue to foreign health providers" (Kumar, Breuing & Chahal, 2011). Policymakers, hospital administration, doctors and agents for foreign patients can develop a framework for making India the largest medical tourism hub on the global map. This study provides a set of practical implications for various stakeholders in medical tourism.

5.2.1. Implications for Hospitals and Doctors

- This research clearly shows that medical tourists are attracted to world-class healthcare facilities and international collaborations. Therefore, hospitals need to invest wisely in technology-enabled services and facilities, as per global standards. They also need to focus on Healthcare and IT (Information Technology) collaborations, as India's medical tourism market is expected to grow at a significant rate. Investments in advanced IT infrastructure can help enhance patient care and experience. Besides, a focus on digitalization and international collaborations among hospital chains are essential to strengthen India's medical tourism standing.

- Because of the lack of standardised pricing policies among hospitals, there is mistrust and confusion among foreign patients. Respondent patients' suggestion that every foreign patient should get a second

opinion from government hospitals points to this requirement for private hospitals. Hospital accreditation from recognized organisations like NABH and AYUSH (Ayurvedic, Yoga, Naturopathy, Unani, Siddha and Homeopathy) ministry can provide leverage to hospitals in attracting international patients.

• Interpretation service helps hospitals if they can hire staff who are fluent in English speaking to communicate with international patients. Hospitals also need to hire translators for non-English speaking patients. The advantage of English fluency among doctors and nurses in India should be leveraged, overall making it easier for international patients to communicate with healthcare providers.

• As indicated by previous data (National Aids Control Organisation, GOI, 2019) and the current study, international patients may face challenges in the procurement of blood. It is a fundamental problem which can be solved by optimisation of the supply chain of blood to reduce wastage and by using technology for proactive prediction of the need for blood.

• A study by D'Souza & Pinto, 2023 highlights the low awareness of medical tourism among healthcare workers in Mangalore, despite the city's competitive advantages like quality healthcare and cost-effectiveness. The study emphasizes the need for effective promotion and cohesive marketing strategies to enhance Mangalore's visibility as a medical tourism hub. These insights suggest that similar efforts in Ahmedabad and other Indian cities could significantly boost their potential as medical tourism destinations. Promotion and marketing efforts by hospitals should especially highlight the low cost and skills advantage of healthcare services in India as compared to Western countries, emphasizing the fact that India offers world-class care and treatment at significantly lower costs.

• Ahmedabad has a large vegetarian population which discourages the availability and consumption of non-vegetarian food in public spaces. This creates a perception among international patients that non-vegetarian food is an issue in the city of Ahmedabad. Hospitals and hospitality partners should make all the necessary arrangements to recognise and meet the requirements of these patients. Hospital staff should be trained to honour and accommodate people with different eating habits, cultures, appearances, race, religion, etc. India could enhance its attractiveness as a medical tourism destination through some language assistance and a culturally sensitive service, especially when dealing with visitors from different backgrounds. Moreover, the presence of halal food in Malaysia may serve as a great motivator for their Muslim visitors, and India could counsel expanding dietary options in many of its medical facilities to cater to all its visitors' cultural and religious sensitivity (Ebrahim & Ganguli, 2019).

- Singapore has become a leader in medical tourism by concentrating on higher-quality healthcare services and technological advancement as well. One effective way for Indian hospitals is to improve their position in the global medical marketplace by significantly upgrading the overall quality of their services further and perhaps striving for still broader international accreditations (Ebrahim & Ganguli, 2019).

5.2.2. Implications For Government / Policymakers

- Based on the data collected through interviews, some respondent patients had expressed the need for increased governmental support to develop medical tourism on a larger scale, hinting at the fact that medical tourism is a team effort. The government needs to invest in partnering with hotels, airline operators and international hospital managements. A lack of coordination between these key collaborators can stunt the growth of medical tourism in India.

- Promotion and marketing from the government side should continue to promote India as a premier healthcare destination through campaigns like "Heal in India".

- Government can promote smooth relationships between patients and medical service providers across borders by providing convenient e-visas, and insurance packages, incentivizing medical travel, and providing special medical visas for patients along with their attendants. Diplomats and staff from the Indian High Commission at foreign shores can serve as links in this process.

- The government can promote alternative healthcare practices like Ayurveda, Yoga, Sidha, and Naturopathy to position India as a preferred destination for medical tourism. Such promotion can be done through and with the healthcare providers.

- In the past few decades, Ahmedabad has moved from pure government or private hospitals to a more mixed approach - a PPP (Public–Private Partnership) model. Hospitals such as U.N Mehta, GCS Hospital, etc. are already following the PPP model, but more such hospitals are needed in Ahmedabad. These hospitals can provide quality healthcare at significantly lower rates, as compared to private hospitals and this can become the Unique Selling Proposition (USP) of medical tourism in Ahmedabad.

- India can learn from the best medical tourism practices being adopted in Thailand, Singapore, Malaysia and Indonesia. An initiative from the Government of Thailand titled 'Thailand Medical Hub' and tight-knit collaboration amongst healthcare providers, government agencies and tourism operators can promote a more integrated approach to medical tourism in India (Ebrahim & Ganguli, 2019).

5.2.3. *Implications For International Patients*

- It is important to note that the quality of medical care can vary widely between different hospitals and doctors, both in India and in other countries. Patients should conduct thorough research about the hospital, the specific treatment or procedure, and the healthcare providers. This includes checking the hospital's accreditations, success rates, patient reviews, potential risks and expected outcomes. International patients should also compare public and private government hospitals to reduce dissonance after treatment.

- Because of cultural differences, international patients deal with unique problems. Such patients should build a support system with the help of fellow international patients, international students, expatriates, or local individuals who can provide emotional support and a sense of community. Problems related to language and food can also be solved through such a support system. Just as hospitals and hospitality partners should recognise and honour the special needs of these patients, patients also need to understand that every place has its local culture with unique eating habits, appearance preferences, religious inclinations, etc.

6. Conclusion

Medical tourism occupies a special place of importance in the national policies of each of the developing countries, and countries can leverage medical tourism according to their development goals (Sharma et al., 2022). This study used in-depth interviews of international patients from various hospitals in Ahmedabad city to gain insights into India as a medical tourism destination, factors affecting the choice of country, city and hospital by foreign patients and any specific opportunities and challenges for medical tourism in Ahmedabad. India has great potential as a medical tourism hub because of its good healthcare infrastructure, quality care of patients, cost-effectiveness, experienced doctors, English-speaking staff, less waiting period, etc. Family and friends, agents, positioning of the hospital, doctors who have previously worked in developed nations, etc. are the major factors affecting the choice of city and hospital for treatment. International patients coming to Ahmedabad face challenges related to discrimination, warm weather, non-vegetarian food, etc. Opportunities for Ahmedabad include lower cost of living, optimum management of scarce but significant resources like blood, and the huge Gujarati diaspora across the world that can serve as a vital link for international medical tourism in Ahmedabad. The study concludes by providing theoretical and practical implications of this research.

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