

Marcin Haberla, Aleksandra Kuźmińska-Haberla

Wrocław University of Economics

e-mails: marcin.haberla@ue.wroc.pl; aleksandra.kuzminska@ue.wroc.pl

**SELECTED PROBLEMS OF MEDICAL TOURISM –
DEVELOPMENT, BENEFITS, CUSTOMERS.
CASE OF POLAND**

**WYBRANE PROBLEMY TURYSTYKI MEDYCZNEJ –
ROZWÓJ, KORZYŚCI, KLIENCI.
PRZYPADEK POLSKI**

DOI: 10.15611/e21.2015.4.06

Summary: Poland has quickly become an important center for the medical tourism. It could be argued that soon it will be the leader in Central Europe – now ranks just behind Hungary and the Czech Republic. Poland seems to be attractive for patients not only from neighboring countries like Germany or Russia, but also from Scandinavia or the USA. Foreign customers appreciate innovative offer, high quality services on affordable prices, excellent skills of medical staff, good location with rich natural environment. The aim of the article is to present the main characteristics of Polish medical tourism market and its customers. The article presents the major determinants of development of Polish medical tourism, the most important benefits offered by the rapid growth of this field of economy and concerns about medical tourists. Furthermore the article shows general classifications of medical tourists and also characteristics of main groups of this kind of tourists in Poland. The research employs secondary data collected from the relevant literature concerning medical tourism, kinds of medical tourists and data on medical services for foreigners in Poland.

Keywords: medical tourism, medical tourists, foreign tourism.

Streszczenie: W krótkim czasie Polska stała się ważnym ośrodkiem turystyki medycznej. Można zaryzykować stwierdzenie, że wkrótce będzie liderem w Europie Środkowej – obecnie plasuje się tuż za Węgrami i Czechami. Polska wydaje się być atrakcyjna dla pacjentów nie tylko z krajów sąsiednich, takich jak Niemcy czy Rosja, ale także ze Skandynawii czy USA. Klienci zagraniczni doceniają innowacyjną ofertę, wysokiej jakości usługi w przystępnych cenach, doskonałe umiejętności kadry medycznej, dobrą lokalizację wraz z bogactwem naturalnym kraju. Celem artykułu jest przedstawienie głównych cech polskiego rynku turystyki medycznej i jej klientów. W artykule przedstawiono główne determinanty rozwoju polskiej turystyki medycznej, najważniejsze korzyści związane z szybkim rozwojem tej dziedziny gospodarki oraz obawy związane z turystami medycznymi. Ponadto w artykule przedstawiono ogólne klasyfikacje turystów medycznych, a także charakterystykę głównych grup tego rodzaju turystów w Polsce.

Słowa kluczowe: turystyka medyczna, turysta medyczny, turystyka międzynarodowa.

1. Introduction

Medical tourism is a global trend; the number of tourists joining their vacation plans with health and beauty services grows at a steady pace. Moreover, it is possible to identify countries and regions of the world that have built their potential through the provision of medical services for foreign patients. These countries include, among others, Brazil, Costa Rica, India, South Korea, Malaysia, Mexico, Singapore, Taiwan, Thailand and Turkey [Patients Beyond Borders 2014].

With more than two hundred years of tradition in Poland, this form of tourism has undergone a dynamic growth, particularly after the country's accession to the European Union. The factor that additionally influences and stimulates the development of medical tourism in Poland is the present global market crisis. Patients from abroad actively seek cheap treatment alternatives, while the private sector of medical services in Poland – affected by the global crisis just as much as the rest of the world – strives to diversify its sales channels, which also involves attempts to attract foreign patients. It is the foreigners who are perceived as the flywheel of investments in the private sector of health services in Poland, particularly in view of the waning interest in paid services observed among Polish patients [Tourmedica 2015]. Forecasts up to the year 2018 suggest a continued year-by-year growth of the market total value in Poland [Euromonitor International 2014].

The aim of the article is to present the characteristics of medical services market in Poland, the identification of main customers and main problems and challenges arising from global trends and a specific situation of the market in Poland. The research employs secondary data collected from the relevant literature concerning medical tourism, kinds of medical tourists and data on medical services for foreigners in Poland.

2. Definitional issues

Medical tourism is a form of travel outside a place of residence in order to improve health or aesthetics of the body, rehabilitation, renewal of psychophysical strength under the care of a specialist doctor's office, clinic or hospital, combined with a wide range of alternative offers of leisure activities within a given city or region. However, such a journey should provide at least one night stay, and last no longer than 12 months [Rab-Przybyłowicz 2014, p. 27]. Medical tourism is therefore a form of health-promotion tourism, next to health tourism, spa and wellness. It is also a manifestation of a broader national, international, and domestic tourism. Medical tourism in Poland may be associated with the image of a foreigner arriving to Poland for treatment. However, also the Poles travel domestically in search of specialists in the field of medicine. That is why medical tourism should not be considered so narrowly, even though the authors of the article mainly relate to incoming and outgoing tourism.

It should also be noted that some researchers [Lunt, Carrera 2010, p. 28] did not indicate any significant differences between health and medical tourism. According to literature, medical tourism may be considered as:

- an integral component of the summer trip program (correlations with the recreational tourism, VFR) (see also: [Rab-Przybyłowicz 2010, pp. 695-696]),
- a synonym for global healthcare; thus, medical tourism refers not to care when there are health hazards during a patient's stay abroad, but the main theme of departure – the medical aspect [Crooks et al. 2011, pp. 726-732].

It should be pointed out, however, that medical tourism may take different forms depending on the motives of participants. These are as follows:

- recovering from illnesses and injuries,
- desire to offset the negative effects of stress,
- rejuvenating and preserving the beauty (including cosmetic surgery),
- struggle with addictions,
- decision to improve health through specialized treatments,
- operations under favorable non-hospital environment and conditions,
- fashion for the use of an increasingly diverse and unconventional offer of the preventive healthcare,
- use of treatments not available at home or at better prices [Łęcka 2003, p. 175].

In conclusion, medical tourism is a rapidly growing sector of the global market, where patients travel to neighboring countries in order to receive medical treatment under global trend of combining treatment with rest. More and more people are choosing trips that allow them to relax combined with the prospect of health treatments and those that enhance beauty.

3. A general profile of the market

Over a relatively short period, Poland has become an important destination for global medical tourism. It seems reasonable to assume that the country will soon become the prime centre of this type of services in Central Europe. Poland is already among the region's leaders in this respect, ranked close behind Hungary and the Czech Republic [Tourmedica 2015]. The secret to Poland's success in promoting the medical tourism market lies in the innovative character of the services on offer. Medical tourism incorporates as many as four classes of innovation: product, organization, process (technology), and marketing. A good example of this advantage is the interest in Polish oral implantology. Since 2009, in response to the perceived potential in the field, Polish dental implant specialists have been invited to participate in implant technology training programmes at the New York University [Tourmedica 2015]. The implementation of innovative solutions, in tandem with competitive pricing of medical services, the rich natural environment and the positive image of Polish medical care in the eyes of foreign visitors, has led to the rapid and dynamic growth of the sector.

Foreign medical tourists come to Poland to receive dental and plastic surgery treatment. Other popular areas of medical services include orthopaedics, eye surgery, cardiac surgery, cosmetic treatment and rehabilitation [Tourmedica 2015]. The main destinations for this type of tourists from abroad are large and attractive Polish cities with good transport connections, such as Cracow, Warsaw, Wroclaw and Szczecin.

In their expectations foreign customers are not that different from their domestic counterparts. After all, the medical packages on offer are not structured by cultural determinants, but by the type of ailment reported by patients. However, it may be useful to note that foreign visitors of Polish origin or roots are more likely to subscribe to medical services in the holiday periods, and are more inclined to make best use of their visits by signing up to several specialists. Moreover, medical expenses incurred by this group of foreign patients are not necessarily more pronounced than those of local customers with similar ailments. On the other hand, patients without Polish roots/relatives are more likely to choose Poland as their medical service destination solely for the economic reasons – attracted by the highly competitive pricing of specialist medical services.

One of the most important benefits offered by the rapid development of medical tourism is the adaptation of clinics and hospitals to international standards of service. Other advantages involve the improved comfort and standard of amenities and the investment in state-of-the-art medical equipment. Investments were typically associated with specialist diagnostic equipment and ward equipment. For example, in the area of plastic surgery and cosmetic treatment, modern methods and technologies have been introduced to eliminate the risk of post-surgery scars, coupled with supplementary cosmetic treatment based on natural products, designed to reduce the recuperation period. In the field of cardiology and cardiac surgery, Polish clinics offer highly qualified personnel and modern diagnostic equipment. As a result, the diagnostic procedures are very detailed and have the potential to eliminate the risk of misdiagnosis. In addition, the clinics offer state-of-the-art implants and modern heart surgery procedures. In dental surgery, painless procedures have become the universal standard. Many prosthetic laboratories offer implants made of modern, high-impact materials. In addition, surgical procedures are performed using advanced medical equipment [Biernacka 2014, pp. 60-61].

Similar benefits – investment in modern technology, patient comfort and risk mitigation – can be observed in other areas of medical services targeted to foreign tourists.

Another important development trend is the investment in a broadly defined tourist infrastructure. Hotels and boarding houses that cater for medical tourists are more and more intent on providing them with best possible comfort and a rich variety of tourist attractions. Many hotels have also introduced modern quality management strategies and marketing activities with the view to increase the number of medical tourists visiting the region. They have also largely improved the accessibility of their information channels, particularly the online content [Biernacka 2014, p. 61].

Despite considerable economic benefits offered by this segment, local providers of medical services are often quite wary of medical tourists, for a number of reasons [Haberla 2015, pp. 16-17]:

- Language barriers – not all employees are fluent in foreign languages and not all customers are fluent in German or English – the languages of choice for most of Polish medical centres. In effect, specialists are often required to resort to “sign language” or interpreter intermediation (including automated translation via Google Translator).
- Linguistic problems tend to intensify the fear of misinterpretation or inadequacy of information passed between a patient and a specialist. Information, particularly of medical type, should be precise and as detailed as possible. When communicated in a foreign language (and not necessarily native to either party), it may result in distortions.
- The problem of protection against complications and medical errors. Due to national differences, medical providers are not always secure in their evaluation of legal protection measures (both those ascribed to a patient, and those of a service provider). This is often accompanied by the fear of “image loss” as a result of medical errors, with the risk of conveying that image to other customers.
- Problems may also result from an unfavourable situation. Many medical centres are located outside a city, often in secluded and remote areas (such as forests). A number of transportation dilemmas are raised as a result (no airports/train stations in the vicinity, long trip, exorbitant cab fares, cab drivers unwilling to service long-distance trips, etc.).

To sum up the main factors to influence the decision to seek medical services in Poland include:

- good quality of service and modern facilities,
- exquisite skills of medical personnel (also with respect to foreign languages),
- low cost of medical services (it must be noted, however, that the price itself is rarely a deciding factor, and is subject to other considerations, such as the quality and the accessibility of services),
- short duration of medical procedures/surgeries,
- a wide variety of services,
- the use of modern equipment and new technologies,
- good geographical location of Poland,
- rich natural environment,
- positive image of Polish medical care.

4. Typology of medical tourists

It is fairly difficult to provide viable estimates of the number of patients participating in medical tourism. For similar reasons, the determination of the profile of this group is, in a sense, doomed to failure. First of all, there is a world of difference between

patients seeking cheap treatment opportunities in less developed countries and those travelling in search of better standards of service. The socio-demographic profile of medical tourists is not properly recognized. In general, medical tourists can be divided into two distinct groups: those who pay for medical services out of their own expenses and those who receive cost reimbursement from their health insurers [Lunt, Carrera 2010, pp. 57-67]. The first category can be defined as “consumers”, since their purchasing power is defined by market mechanisms. The prevailing services in this group include dentistry, plastic surgery and elective surgery. The second category – patients eligible for cost returns from their health insurers for treatment received abroad – is particularly evident on the EU level, as a result of the European Parliament directive of Jan. 19 2011 on cross-border healthcare. The Directive, among other regulations, provides for the reimbursement of healthcare received in another Member State, up to the limit offered to insured patients under their domestic health insurance schemes.

Apart from the above typology, professional literature offers more detailed differentiations of medical tourists. For example, Ehrbeck, Guevara and Mango [2008, pp. 4-5] identified 5 categories of tourists, according to their perceived priorities. The first group includes patients prioritising advanced technologies (regardless of the cost involved), followed by those seeking better quality of mandatory procedures, those interested in prompt application of mandatory procedures, those interested in reducing the cost of mandatory procedures, and those interested in reducing the cost of elective procedures.

Connell [2013, pp. 1-13] also postulates a 5-type classification of medical tourists. The first type is represented by persons travelling to renowned centres of medical service, such as London, New York or Berlin, in search of luxurious and costly treatments, a continuation of the long established tradition of such travels. The second category (also on a steady rising trend) includes middle class individuals travelling abroad to receive plastic surgery – this group is regarded as the principal force in the development of popular destinations in Latin America and Asia. A distinct subcategory of the above is represented by tourists seeking cheap alternatives for those mandatory or life-saving procedures that are not included in their domestic health insurance schemes. This particular group is the most often addressed in professional research, and is a prime target for popular medical tourism guides (particularly in the United States). The third category includes diaspora patients of various socioeconomic status who choose to receive medical treatment at their country of origin for political, economic or cultural reasons. This trend is particularly pronounced among people of Korean or Mexican origin, and the scale of this trend is estimated to be well above the numbers reported in official statistics. The fourth category comprises of borderland inhabitants, with naturally large representation of diaspora population. This is a fairly stable group of patients seeking cheaper or more readily accessible services, as well as those interested in receiving a more trustworthy and culturally sensitive service in a neighbouring country. It is

worth noting that the true extent of such practices may be classified or otherwise distorted by the national healthcare service providers of the countries involved. The last, fifth group is represented by “desperate” patients travelling abroad at high cost to receive last-resort treatment or medical procedures which are not readily available in their home country. Incidentally, it may be useful to note that the individual groups of the above classification are not mutually exclusive.

A very interesting typology of medical tourists is presented by Wongkit and McKercher [2013, pp. 4-12]. The authors identified four types of medical tourists, according to the declared type of treatment sought and the declared decision-making timeframe. Thus, a *declared medical tourist* is a person who has made a decision to undergo treatment well ahead of the time of departure and perceives the treatment as the prime motivator behind travel (or equally important as the recreational objectives). Patients in this group were found to be more familiar with plastic surgery and other types of invasive treatment. A *hesitant medical tourist* also declared medical treatment as the prime motive behind the travel, but made their decision on arrival. Persons in this category were typically interested in dermatological and ophthalmological procedures. *Holiday medical tourists* declared recreation as the prime motive behind travel, but intended to make use of available medical services while abroad. *Opportunist medical tourists* travelled for recreational purposes and made their decision to undergo treatment at the spur of the moment. In the last two categories, dental surgery was found to be the most popular type of treatment. The most interesting observation in this context is the fact that persons in the hesitant and the opportunist categories had made their decisions only after arriving at their target destination. This is in striking contrast to the popular preconception that medical providers ought to target prospective patients in their home countries. As the study suggests, making use of medical services while abroad is not always a preconceived idea, and is not necessarily the prime motive behind the decision to travel [Białk-Wolf 2014, pp. 14-15].

5. Medical tourists in Poland

In the case of medical tourists visiting Poland, it can be noted that most of them fall into “cheaper treatment” category. Lion’s share of patients seek in Poland lower cost treatment opportunities, in terms of both serious health problems and beauty treatment. On the other hand medical tourists can be categorised according to a country of origin and kind of support they get from their insurers (cost reimbursement).

The most pronounced and decidedly the most profitable recipient segment of the medical tourism market in Poland is that of Germany, representing 55% of total income¹. Despite relatively low per-capita expense in this segment, German tourists typically visit Poland for medical reasons, constituting 75% of all medical travels to

¹ Data from 2013.

the country. The clear polar opposite in this respect is Russia, with significantly lower frequency of individual visits, but with decidedly higher per-capita expenses reported. In effect, Russian citizens hold a 20% share of the total segment of medical travels [Janczak, Patelak 2014, p. 53]. However, it must be remembered that the recent economic perturbations (the EU sanctions against Russia over the Ukraine crisis) undoubtedly have a negative effect on Russia's position in the segment under study.

Other important segments of the market include the Netherlands, Great Britain, Sweden, Norway and other overseas countries, even as exotic as India [Janczak, Patelak 2014, p. 53].

With regard to German medical tourists, Polish medical centres report a steady increase of enquiries from individual patients, compared to those from health service facilitators. The potential demand should be stimulated for those medical services that are not included on the list of refundable procedures approved by the German national health care system. A lot of Polish specialists report a steady inflow of German patients seeking treatment in plastic surgery, prosthetics, weight control, etc., but solely through non-facilitated personal contact outside the tour operator service system. Persons with Polish roots represent a significant percentage of German medical tourists receiving treatment in Poland.

German medical tourists are typically in the elderly segment of population. More than 70% Germans seeking cross-border medical services in Europe were retired. The majority of them reported their net personal income to be between 1000 and 2500 EUR, i.e. significantly below the national average, which is not that surprising for a respondent group with such a dominant proportion of pensioners [Wagner et al. 2012, p. 9].

The analyses of the German scientific institute affiliated with TK health insurance company show a steady annual increase in the number of medical services sought by German patients in other EU member countries. German health care system reforms and 2004 amendments introduced legal grounds for patients to claim the reimbursement of medical expenses from the insurer, and German patients are – in general – actively seeking such returns for all kinds of eligible procedures [Wagner et al. 2012, p. 10].

The interest in medical tourism in the countries of the Scandinavian Peninsula is evident, but no hard data is available to support it. Polish medical centres, on occasion, come into individual arrangements with Scandinavian tour operators and facilitators (for example, at tourist fairs), and with Scandinavian institutions authorised to return the cost of medical expenses to individual patients. Negotiations are typically bilateral, and their results are not made public. It seems, however, that this particular segment of the market has some potential, and offers from Scandinavian tour operators for medical travels to Poland are more and more visible. In terms of service types, non-invasive procedures are the most popular (dentistry, cosmetic treatment, pain control, etc.) [Polska Organizacja Turystyczna 2014, pp.1-2].

Medical tourists from Great Britain fall into three main categories. One is represented by patients with the support of *National Health Services*. The EU regulations oblige the insurer to provide for those procedures which are not available locally. If the wait time is in excess of 10 months, the insurer is required to purchase the service in another EU member state. British NHS is segmented into autonomous trusts purchasing external medical services in Germany, France or Belgium. Polish organizations, such as POIT (Polish Tourist Information Center) have made attempts at persuading some British trusts to enter into service agreements with Polish clinics and hospitals, but the negotiation process is tedious, abundant in sophisticated requirements, and requiring direct involvement of the providing partners. A number of Polish hospitals have already managed to secure individual service agreements, but the NHS – for economic reasons – prefer to contract the services of Polish specialists at home centres, rather than send their patients abroad.

The second category is related to hospital consultation and treatment contracted in private medical centres abroad. Foreign patients are diagnosed by consultants and receive immediate medical assistance. After a short recovery period, they are sent back home. The process is largely facilitated if the patient is able to receive support from Polish friends or relatives, locally. This is an attractive solution for non-insured patients or those faced with the prospect of long queues, for example, in the case of hip or knee surgery. The cost of such services in Poland is generally much lower than in Germany or France – an important factor when the patient is forced to pay for the service individually. This is a very promising segment, but it requires considerable specialist, consulting and logistic support from Polish medical centres and from Polish doctors authorised to recommend or provide such procedures. A few examples of such a mechanism can already be found in Polish medical practice.

The third area is medical tourism associated with broadly defined beauty treatment. This is a difficult segment, since the global market is abundant in this type of services, and the European market is dominated by Hungarian specialists. Some British tour operators (e.g. Statmedica) offer facilitation services in this respect, and their contacts include Polish medical centres with high standard of treatment and highly competitive pricing. The facilitators typically extend their range of service to cater for travel and other tourist arrangements. They also provide spa treatment in Polish health resorts, but it must be noted that the medical potential of health resorts is not sufficiently recognized among British patients and, consequently, not too popular, as opposed to targeted treatment (detoxification, weight control). Health resort treatment is a promising segment, but only when combined with tourist attractions and the utmost standard of service. British tourists are a demanding group, and they can afford to choose from the wealth of global providers. Therefore, the most promising strategy would be to focus on high standard of services and attractive offer of medical services (weight control, dietary treatment, beautification and cosmetics, etc.) at reasonable prices [Polska Organizacja Turystyczna 2014, pp. 2-3].

The city medical tourism should offer service continuation in the UK. Polish medical centres should provide additional post-treatment services for British patients, including complaint resolution, consultations and continued treatment at home, to help them reduce the fear factor and boost their confidence in the security of procedures. Another popular market for British patients is plastic surgery. A good example of a successful provider in this respect is Euromedica (Wrocław). This area of expertise, although troubled by bad media publicity, is a promising direction. The promotion of this type of services should be intensified, bearing in mind the risk of undesirable results. Such cases are relentlessly publicised by the British media, and may interfere with the promotion campaign. It seems that the most promising direction for promotion is to emphasise the satisfaction of past customers [Haberla 2015, pp. 38-39].

Only 0.2% of Spanish travels abroad are undertaken for medical reasons. Of all Spanish tour operators, only three companies have medical services on offer – and solely with respect to rehabilitation and spa services. According to POIT, the offer of strictly medical services (surgeries, treatment) should be directed to private health insurer companies, since it cannot be reasonably expected that tour operators would be willing to include specialist treatment services in their catalogues. They may be persuaded to include offers for simple medical procedures (dentistry, varicose veins treatment, etc.), but only at competitive prices. Plastic and dental surgeries in Spain are relatively expensive, but most local providers offer instalment schemes for their patients – a solution that would be quite unacceptable for Polish centres willing to service Spanish customers [Polska Organizacja Turystyczna 2014, p. 3].

Another important obstacle for servicing Spanish patients in Polish centres is the language barrier, since Spanish citizens are, in general, not too comfortable in their foreign language skills.

In Russia, the interest in medical services rendered abroad has always been quite pronounced. The Russians have long displayed their preference for treatment in Switzerland and Germany, the countries of great renown among Russian patients. German and Swiss clinics often employ Russian-speaking personnel. They distribute promotional materials published in Russian language, and employ the services of specialized local agencies to help them qualify patients for treatment abroad. Several Polish organizations made some attempts at following this line of approach, to no avail. The present political situation (the EU sanctions, the low exchange rate, the economic crisis) has caused the Russians to restrict their consumption patterns – also with respect to the medical services contracted abroad. Putting aside the above considerations, it must be remembered that the entry on the Russian market requires proper organization and extensive publicity to ensure the potential customers that the level of medical services in Poland is on par with Germany, and offered at a highly competitive price [Haberla 2015, pp. 39-40].

The US market demand for foreign medical services includes practically all specialties, and the distance is not a factor, considering that India, Thailand, and Costa Rica are among the most popular destinations for US patients at present.

According to POIT Poland is not perceived as an attractive destination for Americans, despite the world-class professional skills and expertise of Polish specialists, particularly in cardiac surgery and transplantation. The reason for that is the inadequate level of the associated services – pre- and post-surgical care, the standard of hospital facilities, meals, etc. This is particularly evident in public hospitals, working under social pressure to cater for the insured patients instead of making profits from medical tourists. In conclusion, the chances for increasing the inflow of US medical tourists are there, but they are mainly found in areas that require no extensive infrastructural investment. It seems that American tourists may be inclined to seek services of private clinics with skilled and experienced personnel (with good command of English) and a suitable (5 star) level of the associated services. The most promising areas in this respect are: orthopaedics, ophthalmology, laryngology, plastic surgery, advanced dental surgery and other fields that can afford to offer the required standard of facilities [Polska Organizacja Turystyczna 2014, p. 4].

6. Conclusions

Medical tourism is not a new phenomenon, however, in recent years it has gained and is still gaining on importance, becoming a significant sector of the economy of various countries. On the global map of medical services Poland can also be noticed, manifesting serious ambitions and potential. It is especially visible in the region of Central Europe – Poland is growing as a leader of the region. Polish assets for regional market leadership in the area under study are typically associated with the country's size, geographic diversity, perspectives for economic development and innovative character of the services on offer. All those qualities place the country well ahead of the regional competitors. Furthermore it seems that the most important customers on Polish medical market come from a limited number of countries, especially from neighboring countries.

In the light of the above observations, it seems reasonable to consider important issue with regard to the further development of medical tourism in Poland, namely: the importance of promotion of Poland as a medical services hub attractive for foreigners and further innovation of medical entities and its services.

The Ministry of Economy has included medical tourism on the list of 15 prioritised segments in Poland, and followed with sizeable support for the segment's promotion. The programme has been contracted to a consortium of three companies. Medical centres participating in the programme may delegate their representatives to international conferences, trade fairs, expositions, training projects and economic missions. The segment is also promoted through catalogues, audiovisuals and a detailed study of the present condition and future potential of the sector. Promotional activities are addressed to prospective patients and to professional health service facilitators (Great Britain, the United States, Germany, Russia, Norway, Denmark, and Sweden) who may be interested in the medical services offered in Poland [Wyborcza.pl 2014].

Unfortunately in the case of private, separate enterprises the promotion activities seem to be limited, fragmented and uncoordinated. One of the ideas for solution of such a situation can be the creation of medical tourism cluster (cluster is a geographic concentration of interconnected companies, specialized suppliers, service providers, companies operating in related sectors and associated institutions [eg. universities, standards bodies and trade associations] in particular fields, competing with each other but also cooperating [Porter 2001, pp. 197-198]) that would bring together stakeholders from the medical market under the common brand and would contribute to the promotion of the market. An offer of a cluster should be addressed mainly to foreigners interested in performing treatment in Poland. Because of accumulated financial resources, a cluster may be much more effective and expansive in terms of promotion activities. Furthermore the participation in cluster gives opportunities for medical companies to get access to knowledge, increased innovation, exchange of information between the “actors” that facilitates the initiation and implementation of business projects.

Concluding, it is very important to create appropriate conditions for the promotion and development of this form of tourism in Poland, both on national and regional levels, in order to attract foreign patients – customers.

References

- Białk-Wolf A., 2014, *Turystyka medyczna. Perspektywy rozwoju w woj. pomorskim*, Gdańsk.
- Biernacka J., 2014, *Analiza innowacyjności turystyki medycznej w regionie zachodniopomorskim*, STUDIA OECONOMICA POSNANIENSIA, Vol. 2, No. 2 (263).
- Cohen E., 2008, *Medical tourism in Thailand*, [in:] *Explorations in Thai tourism*, ed. E. Cohen, quoted by A. Białk-Wolf, 2014, *Turystyka medyczna. Perspektywy rozwoju w woj. pomorskim*, Gdańsk.
- Connell J., 2013, *Contemporary medical tourism: Conceptualisation, culture and commodification*, “Tourism Management”, Vol. 34.
- Crooks V.A., Turner L., Snyder J., Johnston R., Kingsbury P., 2011, *Promoting Medical Tourism to India: Messages, Images, and the Marketing of International Patient Travel*, Social Science & Medicine, Vol. 72.
- Dzierżanowski M., 2012, *Kierunki i założenia polityki klastrowej w Polsce do 2020 roku. Rekomendacje Grupy roboczej ds. polityki klastrowej*, Polska Agencja Rozwoju Przedsiębiorczości, Warszawa.
- Ehrbeck T., Guevara C., Mango P.D., 2008, *Mapping the market for medical travel*, The McKinsey Quarterly.
- Euromonitor International, 2014, *Health and wellness tourism in Poland, Category Briefing*, (20.02.2015).
- Haberla M., 2015, *Raport na temat turystyki medycznej w województwie dolnośląskim*, Reserveo Nowe Usługi dla Turystyki Medycznej Sp. z o.o., Wrocław.
- Janczak K., Patlak K., 2014, *Zagraniczna turystyka przyjazdowa do Polski w 2013 roku*, Ministerstwo Sportu i Turystyki, Łódź.
- Lunt N., Carrera P., 2010, *Medical tourism: Assessing the evidence on treatment abroad*, Maturitas, Vol. 66 (1).
- Łęcka I., 2003, *Nowe (?) trendy w turystyce zdrowotnej*, Prace i Studia Geograficzne, Warszawa, Vol. 32.

- Patients Beyond Borders, 2015, *Leading medical travel destinations*, <http://www.patientsbeyondborders.com> (20.02.2015).
- Polska Organizacja Turystyczna, 2014, *Turystyka medyczna (z wyłączeniem sektora uzdrowisk, spa i wellness. Potencjał rynków w ocenie Polskich Ośrodków Informacji Turystycznej)*, <http://www.pot.gov.pl/dzialania/p/do-pobrania/badania-i-analazy/> (22.02.2015).
- Porter M.E., 2001, *Porter o konkurencji*, PWE, Warszawa.
- Rab-Przybyłowicz J., 2010, *Tworzenie produktu dla turystyki medycznej w Szczecinie*, [in:] *Potencjał turystyczny – zagadnienia ekonomiczne*, ed. A. Panasiuk, Zeszyty Naukowe Uniwersytetu Szczecińskiego No. 591, Ekonomiczne Problemy Usług, No. 53.
- Rab-Przybyłowicz J., 2014, *Produkt turystyki medycznej*, Difin, Warszawa.
- Tourmedica, 2015, *Turystyka medyczna w Polsce*, <http://www.tourmedica.pl/artykuly-medyczne/turystyka-medyczna-w-polsce/> (20.02.2015).
- Wagner C., Moser F., Hohn A., Dobrick K., Verheyen F., 2012, *Geplante grenzüberschreitende Versorgung in der EUÄrzte und Zahnärzte aus Sicht der TK-Versicherten*, Europabefragung.
- Wongkit M., McKercher B., 2013, *Toward a typology of medical tourists: A case study of Thailand*, *Tourism Management*, Vol. 38.
- Wyborcza.pl, 2014, *Do Szczecina po piękne zęby i młodszą twarz. Turyści medyczni nas polubili*, http://szczecin.gazeta.pl/szczecin/1,34959,16535781,Do_Szczecina_po_piekne_zeby_i_mlodsza_twarz__Turysci.html (22.02.2015).