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Is Medical Tourism the Need of the Hour in Goa?

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Abstract: Medical tourism in Goa has increased considerably, with both national and international visitors. Important factors that were isolated in a current survey which influences the decision of patients could be cost, doctor quality, and post-rehabilitation facilities. It thus clearly shows that affordability is the prime factor. It basically implies that for the patient, cost of treatment is a very important factor. Qualifications and experience of doctors come as the other two prime factors. They want to be sure about the competency of the doctors treating them. The fear of medical negligence is still high, referring to the reliability of health care. The after-care environment and services turn out to be an important aspect, and overall, patients appreciate a suitable recovery center and proper aftercare treatment. It was established that the reduced costs of treatment, coupled with insurance coverage, improve access to health care. Nevertheless, more affordable options raise concern about the quality. These findings present a case for affordable, high-quality, and reliable health care within the medical tourism sector of Goa.

Keywords: Medical tourism, aftercare, malpractices, recuperate, insurance

Introduction:

Medical Tourism is not a new concept for Goa. However what lacks the development of this form of tourism is the lack of awareness. Goa has seen tourists coming specifically for medical treatments and they are a satisfied lot. However yet there appears to be a number of drawbacks. The drawbacks according to Vinay Albuquerque, owner of Apollo-Victor hospitals, Goa, include lack of awareness of Goa as a destination for medical tourism as compared to Mumbai, Chennai or Hyderabad. Not much advertisements have been put out as compared to these metro cities.

Medical tourism also has its drawbacks in the state where it is operating. For example, people think that they will be drawing away doctors from the local population if Medical tourism is to succeed . However according to Vinay, doctors cannot depend on any one population alone. i.e medical tourism, as they will loose their skill and diagnosis if they do not practice on a daily basis. Moreover the local population is too vast to ignore in any way.

Yet it is the malpractice laws which are perceived to be weak in India , that is causing a lot of problems for this tourism to succeed. However experts state that this is no longer an issue as today doctors/institutions can be sued in the consumer forum for mistakes or wrong diagnosis, thus making the entire fraternity very careful and vigilant. Again which hospital will want to spoil its name for an odd mistake and bring disrepute to its name among locals or foreigners. Menvielle (2011)

Further in the case of a foreigner patient harbouring fears of having to pay cash inspite of being covered by insurance, it is a known fact that all claims before the procedure is done has to be cleared by the insurance itself and all preexisting claims which are not covered by insurance have to settled by the patient. Winston and Dandeson (2006)

Foreign tourists or NRI's usually come to Goa because it is a cheap option. Sengupta (2011). No where in the world will one find treatments at a fraction of the cost which the tourists may have to pay in Europe, America or Australia. Nearer home, even the Middle East countries charge a lot more as compared to India or Goa. Doctors

are skilled so much so that in India we can boast of having some of the best Doctors in the world. Mohammad and Najmeh (2017) . Doctors are also present who are superspecialized in different fields in Goa. Be it cardiovascular surgery or urology or even paediatric surgery. The surge or exodus of doctors to Europe or America from Goa is on the decline as in Goa itself one can get a decent income. Gone are the days when doctors would not earn enough to stay satisfied in Goa or India .

The aftercare is also to the mark. The patient after the operation remains in Goa for a period of 1-4 weeks thereby combining the medical operation with pleasure. They can then follow up with their local doctors who are usually provided with the entire transcripts of the operation. Manhas and Ramjit (2015). Good doctors, well trained nursing staff and other caregivers make it an enjoyable experience for most tourists who visit India or Goa.

Goa as such is known for its beauty and tranquility. Hospitals designed for medical tourism give a relatively good feel to the patient. For example Apollo Victor hospital which has its medical tourism branch at Diwar island is a place which is blessed with peace and beauty. The surroundings are so pleasant that it helps the patient to recuperate much faster than he /she would have recovered in any other setting. Goa is a tourist destination, and combining medical treatment with pleasure is a win-win situation for any tourist. The beaches, sand, and sea make it an enjoyable stay for tourists during their recovery period. Gupta, Rajachar and Prabha (2015)

The inspiration driving vacationers picking Goa, and India by and large, for clinical medicines has been researched through a review. Throughout the long term, a developing number of vacationers have been looking for clinical medicines around here. The study intended to comprehend the purposes for their visits, which could go from dental medical procedures and cardiovascular strategies to knee substitution surgeries.

Literature Review:

The purpose of the literature review was to identify the factors that influence why people travel to India for medical care.

Why do people travel for medical treatment? is an issue raised by Runnels and Carrera (2012). They believe that in order to understand the factors driving the rise in international medical travel, one must do a strength, weakness, opportunity, and threat analysis. Because of the language barrier, the accreditation of hospitals, and the caliber of the doctors, it is considered a dangerous choice in developing nations. This may not apply to all emerging nations, but for the most part, this problem exists in the majority of these nations.

One of the main reasons seen was the cost effectiveness of treatments in India as compared to developed countries. India is only second to Thailand in terms of medical tourism, according to Sengupta (2011). This results from the fact that English proficiency is well-known in India, and cost effectiveness is another factor. Treatment costs in India are considerably less than those in the majority of industrialized nations; to be exact, they amount to just around one-fourth of those in developed nations. While a large portion of the Indian population lacks access to quality medical care, institutions setting up medical tourism facilities are incentivized to do so with tax breaks. The absurdity of offering concessions to the wealthy while denying them to India's lower economic classes is highlighted by the author.

In agreement is Rao and Choudhary (2017) who feel that medical tourism brings people from different countries to India to avail a low cost treatment, shorter waiting time for treatment and specialized care by good doctors which is not available in their country. Rao and Choudhary go on to say that it may be cardiac treatment or dental or even aesthetic treatment for which a tourist may visit India.

Mohammad and Najmeh (2017) are also of the opinion that medical tourism is booming in India with a number of tourists visiting Maharashtra, Kerala, Goa, Karnataka and Gujarat. They feel that apart from the infrastructure and cost, it also the presence of professional and specialized doctors who can take good care and treat the patients. There appears to be a positive feeling among the patients about the medical and non medical facilities provided by India.

According to Majumdar and Kishore (2018), the availability of resources and skilled and professional labor at a cheaper cost is the reason for the developing world's lower cost. They believe that during the past 20 years, medical condition management has undergone numerous reforms or modifications as a result of globalization and technological advancements in countries like India. They continue by saying that because of the top-notch infrastructure and medical professionals, medical treatments have very positive results.

Manoharan, Gobinath and Singh (2022) state that it is the quality of doctors in India which brings in the tourists for medical treatment. They say that India can boast of being one the most advanced nations when it comes to qualified and professional doctors being present. Apart from cost effectiveness, it is the doctors who can create

an impact on the patients they add.

Chowdhary (2013) concurs, claiming that India has always had qualified, competent doctors in every specialty, and that the rest of the world is now aware of this. India has become a very profitable destination for those seeking treatment for any illness because to its top-notch medical facilities and affordable treatment costs. According to him, "Indian Medical Tourism aims to help tourists who visit India for any kind of medical treatment, be it organ transplant, dental work, implants, joint replacements, or surgeries, by organizing hassle-free health travel and health care for them." pgs 141-48

George(2008) states, " With yoga, meditation, ayurveda, allopathy, and other systems of medicines, India offers a unique basket of services to an individual that is difficult to match by other countries. Also, clinical outcomes in India are at par with the world's best centres, besides having internationally qualified and experienced specialists, be it dentists, surgeons or physicians".

Certification and claims on insurance is also important. Winston and Dandeson (2006) speak specifically on this issue wherein they feel that certification, guidelines are required to sustain medical tourism worldwide. "Aging populations in the developed countries, inefficient and over-extended healthcare systems, exorbitant malpractice insurance premiums and a high propensity to sue doctors and hospitals have created an excellent opportunity for Third World countries to capitalize on their comparative cost advantages in medical tourism" pgs 75-81.

Menvielle (2011) also feels that certification of hospitals is important on account of the increase in malpractices seen around the world. Says Menvielle, "Several factors have led to this recent phenomenon: modern communication tools (Internet), high quality healthcare services in medical tourism destinations (highly-qualified physicians and modern facilities), low prices in order to attract tourist-patients (services must be substantially cheaper) and ease of travel (flights are ubiquitous, discounted and patients are taken in charge at their arrival)"47-61. However with all of this, it is still a risky venture to go to a foreign country he opines.

According to York (2008), in addition to the risks associated with medical travel, there are also the absence of legal redress for negligence and the potential for patient risk associated with travel. "Long flights in which the patient is immobile for extended periods of time can result in embolisms. Continuing education, credentialing, and certification services may be needed to help ensure patient safety if the trend toward medical tourism is to continue, according to pages 99–102. According to York, if malpractices are to be avoided in a foreign country, solid processes must be put in place.

Cohen (2012) expresses his concern about the absence of regulatory frameworks to prevent the malpractice associated with medical tourism. In view of the growing popularity of medical tourism, Cohen warns that if safeguards against malpractice are not put in place, many developing nations risk endangering the patients. As a result, the patient is typically traveling to a new location where he is unfamiliar with the rules and regulations, making him vulnerable to being misled and led astray.

However, according to Steven, Kylie, Gabrielle, and Peter (2018), the legal ramifications of tourism medicine, particularly when it goes wrong, are frequently ambiguous and unfair. They continue, "On the international arena, accreditation institutions' scope and practices are constrained, it is challenging to establish legal jurisdiction, and it is practically impossible to enforce judgments. Patients who seek medical tourism have few legal options and bear the full financial cost, pgs. 1075–1080.

Wahed (2015), on the other hand, believes that the sector of medical tourism causes numerous ethical and legal problems. He believes that in order to prevent medical tourism from being impacted in the future, these issues need to be addressed. He claims that among the legal difficulties involved are a lack of legal remedies and a lack of rules. Quality of care provided by caregivers, a lack of follow-up in the patient's home country, locals' access to care in the destination country, and problems resulting from unlawful treatments in the patient's home country are all examples of ethical concerns.

Turning to India and Goa being a good place to recuperate, Gupta, Rajachar and Prabha (2015) state that medical tourism in India and in Goa especially provides a basket of services so much needed today. Gupta et al feel that Goa is blessed with beaches, fine cuisine and friendly atmosphere, all of which speed up the recuperation of a patient. Cost is affordable and a merger of traditional medicines with allopathy drugs is much sought after.

Jaswal (2014) is also in agreement stating that India has always been a place of traditions and customs, so much so that tourists find it a relaxing and peaceful destination. He goes on to state that India is trying to provide innovative services which can be of value to the tourists. He states that Goa being a tourist destination, can develop medical tourism in a big way with its infrastructure and its renowned medical faculty.

Soni, Gupta and Shukla feel that India is an ideal destination for medical tourism. “Foreign tourists prefer this country not because of its holidays, but also because of its health care facilities such as surgery, knee transplant, beauty surgery, problems related to dental etc” pgs 2511-15. They feel that Goa being blessed with fine rivers and lakes could be an ideal place for tourists to recuperate after medical treatments. Nagesh and Asha (2019) also state that states like Goa and Kerala which are tourist destinations can do well with medical tourism. They both practice Ayurveda which can help a person to recuperate after undergoing any treatment. “Medical tourism is understood to be a travelling phenomenon on account of health related factors and its recovery. Ayurveda – a five thousand year old science with its roots in the tradition bound horizon of India revolves around a holistic approach of cure on the principles of physiological balance and detoxification”. pgs 85-88

Connell (2006) says , “High costs and long waiting lists at home, new technology and skills in destination countries alongside reduced transport costs and Internet marketing have all played a role. Several Asian countries are dominant, however most countries have sought to enter the market” pgs 1093-1100. He goes on to state that places like Goa are ideal places for recuperation because of the sun sea and sand which are not found in many countries in the world.

When it comes to after treatment care, it can be said that in India certainly care is taken conscientiously. Manhas and Ramjit (2015) are of the opinion that after treatment care in India is good with no waiting time involved. In developed countries such as England there is a long waiting time for surgery and after treatment care is inadequate. Manahas and Ramjit feel that places such as Goa can provide the much needed after treatment care.

Objectives:

1. To determine what factor caused visitors to travel to Goa for medical care.
2. To see if there was any connection between having excellent doctors and receiving quality post-operative care.
3. To see if there was any connection between having a nice environment to recover and receiving quality aftercare.
4. To see if there was any connection between high treatment costs and low malpractice rates.
5. To determine whether the cost of care and insurance complications were related in any way.

Research Methodology:

Research Design: In order to gather information about the attitudes and associations between local and foreign visitors to Goa with regard to medical tourism, this study used a cross-sectional design. To collect information, a standardized questionnaire was given out.

This study was cross sectional in nature to assess the current status of attitues and associations of relationship between local and foreign tourists visiting Goa for medical tourism. A standardized questionnaire was designed for the same .

Sampling: For this study, the sample population was taken to be 300 persons in total. In terms of participants, preference was given to patients not only from within Goa but those from other regions who happened to be in Goa for treatment. Stratified random sampling was applied to ensure that the sample of the participants comprised of the subject was inclusive of the target population.

Data Collection: Structured questionnaires were employed in order to gather data from the patients under study every time they attended medical facilities in Goa. It was comprised of questions on satisfaction, attitude toward the medical tourism in goa and some demographic characteristic. .

Data Analysis: Quantitative data analysis will be conducted using the following methods:

a. Thurstone Case V Scaling: Concerning scaling, Thurstone Case V was employed to understand what visitors’ think or perceive about the event or venue. With this approach, every question in the questionnaires is assigned a number in line with the participants answer. Subsequent to that, the general perception of medical tourism in Goa would be gauged by developing a scale employing the scores thus obtained.

b. Pearson Correlation Analysis: In this case, Pearson correlation analysis is the most appropriate tool that will be applied to examine various variables in order to establish a correlation study. This would help to understand how such factors as the level of healthcare service delivery and visitor satisfactoriness relate in terms of direction and the strength of these relations.

Ethical Considerations:

• Informed Consent: In this context, measures to ensure that adequate information was availed to the participants before data collection was taken included the following: During data collection, written informed consent was

sought from the participants.
• Anonymity and Confidentiality: It is therefore important that participant responses remain anonymous and personally identifying data not collected in order to ensure that the participant's rights are upheld.
Hypothesis of the study:

1. Ho1 : There is no correlation between having good doctors and good aftercare treatment
   Ha1: There is a correlation between having good doctors and good after care treatment.
2. Ho2: There is no correlation between having a good place to recuperate and good after care
   Ha2: There is a correlation between having a good place to recuperate and good after care
3. Ho3: There is no correlation between low cost of treatment and less insurance hassles
   Ha3: There is a correlation between low cost of treatment and less insurance hassles
4. Ho4: There is no correlation between low cost of treatment and less malpractices
   Ha4: There is a correlation between low cost of treatment and less malpractices

Demographic analysis:

Table 1 . Demographic Profile of Respondents

	Frequency	Percentage
Age		
20-30	40	13.33
30-40	80	26.67
40-50	100	33.33
50 & Above	80	26.67
Gender		
Male	177	59
Female	123	41
Type of Tourist		
Domestic	189	63
Foreign	111	37
Income levels		
30,000-50000	195	65
50000-100000	100	33.33
1 lakh & Above	5	1.67
Education levels		
Undergraduate	30	10
Graduate	182	60.67
Post Grad & Above	88	29.33
Type of treatment		
Surgical	110	36.67
Non-Surgical	190	63.33
Satisfaction with treatment		
Satisfied	178	59.33
Not satisfied	122	40.67

The following table represents the descriptive statistics from the findings on medical tourism, compiled in

tabulated form, describing the age profile, gender, kind of tourism, income and education, therapy sought, and satisfaction of the treatment amongst others of the research respondents. Of the respondents, the majority, 60 percent, are in the 30- to 50-year age bracket. This means medical tourism is more seen among the middle-aged. Almost the same number of respondents is over 50 and within the 20–30 age group. The percentage of male participants in the study is 59%, while that of female participants is 41%. This implies that the respondents were mainly males. Sixty-three percent of the respondents are domestic tourists, meaning they travel within their own country to receive medical care. Among the respondents 37% are visitors coming from other countries , this means that 1 0f every 3 patients polled had seek medical care outside their country. Drawing from the income interval data, the majority of the respondents, 65%, earn between 30,000 and 50,000 rupees. While only 1. The results reveal that 67 percent of the respondents earn more than one lakh, while only a third-33 percent earns less than this figure. A majority of the 60.67 percent of the respondents had completed their graduation, thus explaining the rationale that there are more chances of medical tourism amongst people with at least a graduate degree. Undergraduates were the smallest group of people participating at 10 percent, while post-graduate students comprised the lesser percentage of participants at 29.33 percent. Whereas surgical therapies are less prevalent, at 36.67%, non-surgical treatments are much more common, at 63.33%. This may suggest that any participant would prefer non-surgical or less invasive treatments. Though a good number of people indicate that they were unsatisfied with therapy at the rate of 40.67%, the majority, 59.33%, were happy, meaning individual satisfaction levels are not that high.

Findings:

The Thurstone Case V scaling technique.

"Thurstone Case V method is a popular method to be used with ordinal data. It permits construction of a uni-dimensional interval scale using responses from variability data collection procedures such as paired comparison". (P.E. Green and D.S. Tull (1990), Research for Marketing Decisions (4th Edition). "It involves deriving an interval scale from comparative judgements of the type "X is fancier than Y", or "X is preferred to Y". Thurstone Case V Scaling was also used in the study whereby the 6 variables were compared with one another. These values are then divided by the sample size and the fractions are then read on a table. The columns were added together and the lowest value is then added or subtracted to itself to make the lowest value zero and this value is added to the other variables. The resulting values are potted on a one dimensional scale. If the order of the parameters differed by the Thurstone case V scaling, then we could conclude that a difference exists. The study gave insights as to which factors were considered as the most important in terms of product and non product centric factors for doctors in Goa". Source : (P.E. Green and D.S. Tull (1990), Research for Marketing Decisions (4 th Edition).

The data in the non-product centric factors were analyzed using the Thurstone Case V Scaling method. The variables A, B, C, D, E, and F were compared to one another as part of the initial comparison of the variables.

Table 2: Comparing each variable with another variable

	A	B	C	D	E	F
A	0.5	240/300	225/300	150/300	135/300	174/300
B	60/300	0.5	75/300	60/300	51/300	57/300
C	75/300	225/300	0.5	60/300	45/300	63/300
D	150/300	240/300	240/300	0.5	135/300	165/300
E	165/300	249/300	255/300	165/300	0.5	129/300
F	126/300	243/300	237/300	135/300	171/300	0.5

Source : Primary data

Note : A- Good place to recuperate, B-Lesser cost, C- Professional doctors, D-Good aftercare treatment, E- No insurance hassles, F- Lack of malpractices

Table 3. Decimal Conversion of initial data

	A	B	C	D	E	F
A	0.5	0.8	0.75	0.5	0.45	0.58

B	0.2	0.5	0.25	0.2	0.17	0.19
C	0.25	0.75	0.5	0.2	0.15	0.21
D	0.5	0.8	0.8	0.5	0.45	0.55
E	0.55	0.83	0.85	0.55	0.5	0.43
F	0.42	0.81	0.79	0.45	0.5	0.5

Source : Primary data

Table 4. Values derived from the Thurston Case V Table

	A	B	C	D	E	F
A	0	0.84	0.67	0	-0.13	0.2
B	-0.84	0	-0.67	-0.84	-0.95	-0.88
C	-0.67	0.67	0	-0.84	-1.04	-0.81
D	0	0.84	0.84	0	-0.13	0.13
E	0.13	0.95	1.04	0.13	0	-0.18
F	-0.2	0.88	0.81	-0.13	0.18	0

Source : Primary data

Table 5. Adding values of Thurston case v scaling columnwise

	A	B	C	D	E	F
	-1.58	4.18	2.09	-1.68	-2.07	-1.54

Source : Primary data

Table 6. Final Value Conversion, By adding the least value, ie 2.07 to all the values

	A	B	C	D	E	F
	0.49	6.25	4.76	0.39	0	0.53

FINDINGS OF PEARSON'S TECHNIQUE

The Karl Pearson's coefficient of correlation is as follows: " It finds the relationship or the association between two variables. The correlation coefficient is given below.

$$\text{Correlation coefficient} = \frac{\sum XY}{(\sum X^2 \times \sum Y^2)}$$

Where r = Pearson's coefficient of correlation

Xi= xi – Mean Yi = yi –Mean

xi= value of the individual variable from 1-300 yi= value of the individual variable from 1-300"

It was conducted on the following:

A. Correlation between availability of professional doctors and good aftercare treatment

$$\text{Correlation coefficient} = \frac{\sum XY}{(\sum X^2 \times \sum Y^2)}$$

Mean of professional doctors = 4.09 Mean of good aftercare = 4.06

= 239.92/√(568.38 x 573.28)

= 239.92/√(325840.88)

=31.68/570.82

=0.4203

There is medium positive correlation between availability of professional doctors and having good aftercare treatment

B. Correlation between good place to recuperate and good after care treatment.

$$\text{Correlation coefficient} = \frac{\sum XY}{(\sum X^2 \times \sum Y^2)}$$

Mean of good place to recuperate =3.615 Mean of good aftercare treatment= 4.06

= 33.62/√(267.355 x573.28)

= 33.62/√(153269.3)

= 33.62/391.496

= 0.0858

There is low positive correlation between desiring having a good place to recuperate and having good after care treatment.

C. Correlation between low cost of treatment and lack of insurance hassles:

$$\text{Correlation coefficient} = \frac{\sum XY}{(\sum X^2 \times \sum Y^2)}$$

Mean of lack of insurance hassles = 2.585 Mean of low cost of treatment = 2.76

= 81.08/ √(530.555 x 478.48)

= 81.08/ √(253859.9564)

= 81.08/503.845

= 0.1609

There was a low positive correlation between low cost of treatment and lack of insurance hassles

D. Correlation between low cost of treatment and lack of malpractices.

$$\text{Correlation coefficient} = \frac{\sum XY}{(\sum X^2 \times \sum Y^2)}$$

Mean of lack of malpractices = 3.525 Mean of low cost of treatment = 2.76

= -22.8/√(341.875 x 478.48)

= -22.8/√(163580.35)

= -22.8/404.45

= - 0.0563

There is a low negative correlation between low cost of treatment and lack of malpractices

Conclusions:

- The highest priority is cost: The fact that medical tourists prioritize low costs over other factors suggests that price is a key consideration in their selection of destinations.
- Expert Physicians Improve Aftercare: Pearson's correlation study shows a favorable relationship between having expert physicians and getting first-rate aftercare, highlighting the significance of qualified medical staff.
- Place to Recuperate Doesn't Guarantee Aftercare: There isn't much of a correlation between the desire for a comfortable place to recover and the quality of the actual aftercare, which implies that a good post-treatment experience might not always be ensured by the physical surroundings alone.
- Insurance Hassles and Cost Are Linked: The ease of managing insurance procedures and treatment costs have a weak positive association, suggesting that even affordable treatments may present insurance-related difficulties.
- Cost and Malpractices: Even in cases where treatment is reasonably priced, there is still a low positive link between the cost of care and the incidence of malpractice in the medical system.
- Complex Decision-Making: A variety of factors influence medical tourism decisions, resulting in a multifaceted and varied decision-making process.
- Tourists Take Quality and Cost Into Account: When it comes to medical tourism, patients' concerns revolve around the cost-effectiveness of care as well as the caliber of the medical staff.
- The quality of post-treatment care is of utmost importance for medical tourists. This care is not only reliant on the physical environment but also on the abilities and attentiveness of the healthcare staff.
- Insurance Procedures: Medical tourists may find it difficult to navigate insurance procedures, and this anxiety is not always allayed by inexpensive treatment.
- Misconduct Remains a Deterrent: Given the enduring concerns about medical misconduct, it is clear that enhancing the standard and security of medical care is crucial to drawing and keeping medical tourists.

Industrial and Management implications of the study:

1. Of the different parameters if was found that cost was ranked the highest followed by having good doctors. Hospitals if they are unable to provide cheap treatments at all times and cases, should atleast do so whenever they are in a situation to do so. Sengupta (2011)
2. Good professional doctors are a must. Care should be taken to ensure that the doctors are well screened and their references are obtained before recruiting them. Mohammad and Najmeh (2017) .
3. Malpractices was third in the rankings, which shows that tourist are a little apprehensive about prevalence of malpractices in India. Certifications, accreditations and patient reviews or feedbacks must be shown to the tourists to decrease any apprehension they may have. Menvielle (2011)
4. The correlation between having good doctors and a good after treatment care was found to be positive which proved that professional doctors were the key to ensure that the aftercare treatments were good. Manhas and Ramjit (2015)
5. The correlation between having a good place to recuperate and having a good after treatment care was also found to be positive, but the correlation was low. This means that a hospital may be in a good place and having a peaceful and restful atmosphere yet the aftercare may not be to the extend desired. Thus care should be taken to ensure that all the personnel involved in aftercare treatments are qualified, trained and have good public relations skills. Gupta, Rajachar and Prabha (2015)

6. The correlation between cost of treatment and insurance hassles is also low. Hospitals and other institutions providing medical tourism must ensure that the tourist is free from insurance hassles as much as possible. They should have a legal cell who can deal with such issues from time to time and from case to case. In this manner the tourist too will be happy to come to Goa and undergo medical treatment. Sengupta (2011).
7. The correlation between cost of treatment and lack of malpractices is low and negative. The reason could be that tourists are apprehensive about malpractices in a destination country and are ready to pay a little extra but wish to have a malpractice free hospital. Sengupta (2011).

Implications with respect to recent studies:

1. Mohammad and Najmeh (2017) are also of the opinion that medical tourism is booming in India with a number of tourists visiting Goa not only on account of the infrastructure and cost but also on account of qualified and good doctors who take good care before and after treatment.
2. Steven, Kylie, Gabrielle and Peter (2018) however feel that the legal implications of tourism medicine, particularly when it goes wrong, are often unclear and unjust. They feel that malpractices can happen and the legal implications are usually unclear.
3. Nagesh and Asha (2019) also state that states like Goa and Kerala which are tourist destinations can do well with medical tourism. According to them Goa is an ideal place to practice ayurveda and recuperate from any treatments.
4. Manoharan, Gobinath and Singh (2022) state that it is the quality of doctors in India which brings in the tourists for medical treatment. They say that India and Goa can boast of being one the most advanced nations when it comes to qualified and professional doctors to treat ailments.

Limitations of the study:

1. Only Thurstone Case V scaling and coefficient of correlation were used in the study. Although other techniques could be used it was found to be sufficient to make use of these two techniques only.
2. The sampling was based upon judgemental technique rather than going in for simple random sampling or any other. The reason was many NRI's or foreign tourists are not ready to reveal why they have come to Goa.

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