

Cross-Border Healthcare Policies and Medical Tourism: A Comparative Analysis

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ABSTRACT

Background

Medical tourism has emerged as a rapidly growing global industry driven by rising healthcare costs, long waiting times, and limited access to specialized treatments in many developed countries. Advances in globalization, transportation, and digital communication have enabled patients to travel abroad for affordable and timely medical care. Countries such as India, Thailand, Malaysia, and Mexico have become major destinations, while the United States, United Kingdom, and Canada serve as primary source countries. Despite its benefits, cross-border healthcare raises concerns related to patient safety, insurance coverage, and regulatory oversight.

Objective

This study aims to analyze and compare cross-border healthcare policies related to medical tourism in major source and destination countries, focusing on patient safety, insurance portability, economic impact, and ethical considerations.

Results and Discussion

The analysis reveals that source countries primarily emphasize patient protection, regulatory oversight, and limited insurance portability for overseas treatments. In contrast, destination countries actively promote medical tourism through government incentives, medical visas, international accreditation, and marketing strategies. While medical tourism contributes to economic growth, healthcare infrastructure development, and improved access to affordable treatments, it also raises concerns regarding healthcare equity, malpractice liability, and continuity of care after treatment.

Summary

Overall, medical tourism presents both opportunities and challenges. Strengthening international cooperation, improving regulatory frameworks, and developing standardized accreditation and insurance mechanisms are essential to ensure patient safety and sustainable growth of global medical tourism.

Keywords: Medical tourism, Cross-border healthcare, Health policy, Patient safety, Insurance portability, Global health governance.

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Introduction

Healthcare has long been considered a fundamental human right, yet access to quality medical services remains uneven across the globe. Rising costs, long waiting times, and limited availability of specialized treatments in many developed nations have prompted patients to seek alternatives beyond their national

borders. This phenomenon, widely known as medical tourism, has grown into a multi-billion-dollar global industry, reshaping the way healthcare is delivered, financed, and regulated. At its core, medical tourism involves individuals traveling internationally to obtain medical care ranging from elective procedures and cosmetic surgery to complex interventions such as

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organ transplants, cardiac surgery, and fertility treatments. The increasing mobility of patients across borders has created new opportunities and challenges for both source countries (those sending patients abroad) and destination countries (those receiving foreign patients). Understanding the policies that govern this movement is essential for evaluating its impact on global health equity, economic development, and patient safety.

The rise of medical tourism is closely linked to globalization, liberalization of trade in services, and advancements in transportation and communication technologies. Affordable air travel, digital platforms for hospital marketing, and the proliferation of international accreditation systems have made it easier for patients to compare healthcare options worldwide. For many, the decision to travel abroad for medical care is driven by cost savings. Procedures in countries such as India, Thailand, and Mexico can be performed at a fraction of the price charged in the United States or Western Europe, often with comparable quality. Others are motivated by the availability of treatments not legally permitted or widely accessible in their home countries, such as certain reproductive technologies or experimental therapies. In addition, cultural preferences, privacy concerns, and the desire to combine medical treatment with leisure travel further contribute to the appeal of medical tourism.

However, the growth of medical tourism is not merely a matter of individual choice; it is deeply influenced by cross-border healthcare policies. These policies encompass regulations on patient safety, insurance portability, and malpractice liability, accreditation of hospitals, and immigration rules for medical travelers. Source countries often adopt cautious stances, warning citizens about the risks of seeking care abroad, particularly regarding continuity of care and legal recourse in case of malpractice. Destination countries, on the other hand, actively promote medical tourism as a strategy for economic growth, foreign exchange earnings, and healthcare sector expansion. Governments in Asia, Latin America, and Eastern Europe have invested heavily in hospital infrastructure, international marketing campaigns, and partnerships with global insurance providers to attract foreign patients. The divergence in policy approaches between source and destination countries creates a complex landscape that requires comparative analysis. From a policy perspective, medical tourism raises several critical questions. First, how do governments balance the economic benefits of attracting foreign patients with the ethical obligation to ensure equitable access for their own citizens? In countries like India and

Thailand, the influx of international patients has spurred rapid growth in private hospitals, but concerns remain about whether this diverts resources away from domestic populations, particularly the poor. Second, how do source countries address the challenges of post-treatment care? Patients returning home after surgery abroad may face complications, yet local healthcare systems often lack mechanisms to integrate follow-up care for procedures performed overseas. Third, what role do international organizations and accreditation bodies play in standardizing quality and safety across borders? Institutions such as the Joint Commission International (JCI) have become pivotal in certifying hospitals to reassure foreign patients, but questions persist about the adequacy of oversight and enforcement.

The comparative analysis of cross-border healthcare policies also highlights the economic dimension of medical tourism. Destination countries view medical tourism as a lucrative industry that can generate employment, stimulate investment, and enhance their global reputation. For example, Thailand has positioned itself as a hub for wellness tourism, combining medical services with spa treatments and cultural experiences. India has leveraged its cost advantage and highly trained medical professionals to attract patients from Africa, the Middle East, and Western nations. Mexico and Costa Rica have capitalized on their geographic proximity to the United States, offering affordable dental and cosmetic procedures to American patients. Conversely, source countries often grapple with the economic implications of outbound medical tourism, including potential loss of revenue for domestic healthcare providers and challenges in regulating insurance coverage for overseas treatments.

Beyond economics, medical tourism raises ethical and social concerns. The prioritization of foreign patients in private hospitals may exacerbate inequalities in access to healthcare within destination countries. There is also the risk of commodifying healthcare, where patients are treated as consumers and medical services are marketed like luxury goods. Furthermore, the lack of standardized legal frameworks across borders complicates issues of malpractice, informed consent, and patient rights. For instance, a patient who suffers complications after surgery abroad may find it difficult to pursue legal remedies due to jurisdictional barriers. These challenges underscore the need for harmonized policies that protect patients while enabling countries to benefit from the opportunities medical tourism presents.

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In addition, medical tourism intersects with broader debates on global health governance. The movement of patients across borders challenges traditional notions of national healthcare systems, raising questions about how responsibilities are shared among states. Should source countries provide insurance coverage for treatments abroad? Should destination countries be required to allocate a portion of medical tourism revenues to strengthen public healthcare for local populations? How can international cooperation ensure that medical tourism contributes to global health equity rather than deepening disparities? These questions highlight the importance of comparative policy analysis, which can reveal best practices, gaps, and potential pathways for reform.

Aim: This paper aims to provide a comparative analysis of cross-border healthcare policies and medical tourism. It examines source countries like the United States, United Kingdom, and Canada alongside destination countries such as India, Thailand, Malaysia, and Mexico, exploring impacts on patient safety, insurance portability, economic development, and ethical considerations through case studies and comparative frameworks.

Policy Frameworks

The policy frameworks governing cross-border healthcare and medical tourism are diverse, reflecting the contrasting priorities of source and destination countries. While source countries emphasize patient safety, continuity of care, and insurance regulation, destination countries focus on economic growth, international competitiveness, and healthcare sector expansion. This section examines these frameworks in detail, highlighting their implications for patients, providers, and global health governance.

Source Countries: Protecting Citizens and Regulating Risks

Source countries such as the United States, United Kingdom, and Canada adopt cautious policies toward medical tourism. Their primary concern is safeguarding citizens who seek care abroad. Key elements include:

- **Patient Safety and Quality Assurance:** Governments issue advisories warning citizens about potential risks of overseas treatment, including variable standards of care, infection control, and malpractice liability. National health agencies often stress the importance of verifying accreditation before traveling.

- **Insurance Portability:** Insurance coverage for medical procedures abroad is limited. Public systems like the UK's National Health Service (NHS) rarely reimburse overseas treatments unless pre-approved, while private insurers in the US may offer partial coverage but impose strict conditions.
- **Continuity of Care:** Policies emphasize the challenge of integrating post-treatment care into domestic systems. Patients returning with complications may strain local healthcare resources, and providers face difficulties in coordinating follow-up care without standardized international protocols.
- **Ethical Concerns:** Policymakers highlight equity issues, questioning whether medical tourism undermines domestic healthcare systems by encouraging wealthier citizens to bypass waiting lists while poorer populations remain dependent on public services.

Destination Countries: Promoting Growth and Global Competitiveness

Destination countries such as India, Thailand, Malaysia, and Mexico actively promote medical tourism through supportive policies. Their frameworks are designed to attract foreign patients and stimulate economic growth. Key features include:

- **Government Incentives:** National governments invest in hospital infrastructure, tax benefits, and streamlined visa processes for medical travelers. India, for example, introduced the "Medical Visa" category to facilitate patient entry and extended stays.
- **Accreditation and Quality Standards:** Hospitals seek international accreditation from bodies like Joint Commission International (JCI) to reassure foreign patients. Governments often subsidize accreditation costs to enhance global competitiveness.
- **Marketing and Branding:** Destination countries brand themselves as hubs for affordable, high-quality care. Thailand promotes wellness tourism, combining medical services with leisure packages, while Malaysia emphasizes its English-speaking workforce and modern facilities.
- **Insurance Partnerships:** Some countries collaborate with international insurers to create packages tailored for foreign patients, covering treatment, accommodation, and post-operative care.

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- **Balancing Domestic Needs:** Policies attempt to mitigate concerns about prioritizing foreign patients over locals. For instance, India's government has emphasized the need to reinvest medical tourism revenues into public healthcare infrastructure.

Comparative Dimensions

A comparative lens reveals sharp contrasts between source and destination countries:

Dimension	Source Countries	Destination Countries
Policy Goals	Protect citizens, regulate risks	Economic growth, foreign exchange
Insurance	Limited portability	Tailored packages for foreigners
Regulation	Strict oversight	Accreditation-driven competitiveness
Ethics	Equity and continuity of care	Balancing local vs. foreign demand

Case Examples

- **India:** Policies encourage private sector growth in medical tourism, with government support for infrastructure and streamlined visas. However, critics argue this diverts resources from rural healthcare needs.
- **Thailand:** The government integrates medical tourism with wellness tourism, promoting hospitals alongside spas and resorts. Policies emphasize branding and international partnerships.
- **United States/UK:** Policies remain restrictive, focusing on patient advisories and limited insurance portability. Outbound medical tourism is often framed as a risk rather than an opportunity.

Challenges in Policy Frameworks

Despite their differences, both source and destination countries face challenges:

- **Regulatory Gaps:** Malpractice liability across borders remains unresolved. Patients often lack legal recourse in destination countries.
- **Insurance Complexity:** Lack of standardized insurance portability creates financial risks for patients.
- **Equity Concerns:** Destination countries risk exacerbating inequalities if foreign patients are prioritized. Source countries face criticism

for failing to provide affordable care domestically, driving citizens abroad.

- **Global Governance:** Absence of harmonized international frameworks complicates oversight, leaving patients vulnerable to inconsistent standards.

Strategic Implications

- **For Source Countries:** Developing policies that integrate safe medical tourism options, including insurance coverage and structured post-treatment care, could reduce risks while acknowledging patient demand.
- **For Destination Countries:** Balancing economic gains with equitable access for local populations is critical. Policies must ensure that medical tourism revenues strengthen domestic healthcare systems rather than widen disparities.
- **For Global Health Governance:** International cooperation is needed to establish standardized accreditation, malpractice frameworks, and insurance portability mechanisms. This would enhance patient safety and sustainability in medical tourism.

Opportunities and Challenges

Medical tourism, as a rapidly expanding global phenomenon, presents both significant opportunities and complex challenges for source and destination countries. The interplay of economic, social, ethical, and regulatory dimensions makes it a multifaceted subject requiring careful analysis. This section explores the major opportunities that medical tourism creates, followed by the challenges that complicate its sustainability and equity.

Opportunities

1. Economic Growth and Foreign Exchange

Destination countries view medical tourism as a lucrative industry capable of generating substantial revenue. Hospitals catering to international patients often charge higher fees than those for domestic patients, contributing to foreign exchange earnings. Governments benefit from increased tax revenues, while ancillary industries such as hospitality, transport, and tourism also thrive. For example, Thailand's integration of medical services with wellness tourism has created a synergistic model that boosts both healthcare and tourism sectors.

2. Healthcare Sector Expansion

Medical tourism stimulates investment in hospital infrastructure, technology, and human resources. Private hospitals in India, Malaysia, and Mexico have expanded rapidly to meet international demand, often achieving world-class standards. This expansion can indirectly benefit domestic populations by raising overall healthcare quality and introducing advanced technologies that may eventually diffuse into public systems.

3. Employment Generation

The growth of medical tourism creates jobs not only for healthcare professionals but also for support staff in hospitality, logistics, and marketing. Destination countries often highlight employment generation as a key justification for promoting medical tourism. Skilled professionals such as doctors, nurses, and technicians gain opportunities to work in internationally accredited facilities, enhancing their expertise and career prospects.

4. Access to Affordable Care for Patients

For patients from source countries, medical tourism offers access to affordable, timely, and specialized care. Procedures such as cardiac surgery, orthopedic interventions, and dental treatments can be obtained at a fraction of the cost compared to the United States or Western Europe. This affordability is particularly attractive for uninsured or underinsured populations, who may otherwise face financial barriers to care.

5. Availability of Specialized Treatments

Medical tourism provides access to treatments not widely available or legally permitted in source countries. Fertility treatments, stem cell therapies, and certain experimental procedures attract patients to destinations with more flexible regulatory environments. This expands patient choice and accelerates innovation in healthcare delivery.

6. Strengthening International Collaboration

Medical tourism fosters international collaboration through partnerships between hospitals, insurers, and accreditation bodies. Joint ventures and knowledge exchange enhance global healthcare standards. Destination countries often collaborate with foreign universities and research institutions, contributing to the advancement of medical science and education.

Challenges

1. Ethical Dilemmas and Equity Concerns

One of the most pressing challenges is the ethical dilemma of prioritizing foreign patients over local populations. In countries like India and Thailand, private hospitals may allocate disproportionate resources to international patients, potentially

exacerbating inequalities in access to healthcare for domestic citizens. This raises questions about whether medical tourism undermines the principle of healthcare as a public good.

2. Continuity of Care

Patients who undergo procedures abroad often face difficulties in securing follow-up care upon returning home. Source countries may lack mechanisms to integrate post-treatment care into domestic systems, leaving patients vulnerable to complications. This discontinuity can compromise patient safety and increase the burden on local healthcare providers.

3. Regulatory Gaps and Malpractice Liability

Cross-border healthcare complicates legal accountability. Patients who suffer malpractice abroad may struggle to pursue legal remedies due to jurisdictional barriers. Destination countries may lack robust malpractice frameworks, while source countries often disclaim responsibility for overseas treatments. This regulatory gap undermines patient trust and safety.

4. Insurance Portability and Financial Risks

Insurance coverage for medical tourism remains limited and inconsistent. Patients often pay out-of-pocket, exposing them to financial risks if complications arise. While some insurers collaborate with destination hospitals, standardized frameworks for insurance portability are lacking. This creates uncertainty and limits the accessibility of medical tourism to wealthier populations.

5. Risk of Commodification

Medical tourism risks commodifying healthcare, treating patients as consumers and medical services as market products. Aggressive marketing campaigns may prioritize profit over patient welfare, leading to over-promotion of elective procedures. This commercialization can erode the ethical foundations of healthcare and undermine trust in medical institutions.

6. Public Health Implications

The prioritization of foreign patients may divert resources away from domestic healthcare needs, particularly in low- and middle-income countries. This can exacerbate disparities in access to care, leaving vulnerable populations underserved. Additionally, the influx of international patients may strain hospital capacity during public health crises, as seen during the COVID-19 pandemic.

7. Cultural and Communication Barriers

Patients traveling abroad may encounter language barriers, cultural differences, and unfamiliar healthcare practices. Miscommunication can compromise informed consent and patient satisfaction. Destination

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countries must invest in culturally competent care to address these challenges, but gaps often remain.

8. Global Governance Deficit

The absence of harmonized international frameworks complicates oversight of medical tourism. Accreditation bodies like Joint Commission International (JCI) provide some assurance, but enforcement is uneven. Without global governance mechanisms, patients remain vulnerable to inconsistent standards, and countries struggle to coordinate policies effectively.

Strategic Implications

The opportunities and challenges of medical tourism carry significant strategic implications for both source and destination countries:

- **For Source Countries:** Developing policies that integrate safe medical tourism options, including insurance coverage and structured post-treatment care, could reduce risks while acknowledging patient demand. Governments must balance caution with pragmatism, recognizing that medical tourism is unlikely to diminish in popularity.
- **For Destination Countries:** Policies must ensure that economic gains from medical tourism are reinvested into public healthcare systems. Balancing international demand with domestic equity is critical to maintaining legitimacy and sustainability. Transparent regulation and ethical safeguards are essential.
- **For Global Health Governance:** International cooperation is needed to establish standardized accreditation, malpractice frameworks, and insurance portability mechanisms. Harmonized policies would enhance patient safety, reduce inequities, and promote sustainable growth in medical tourism.

Conclusion

Medical tourism has emerged as one of the most dynamic intersections of globalization, healthcare, and economic policy. The comparative analysis of cross-border healthcare policies reveals a complex landscape shaped by divergent priorities between source and destination countries. Source countries such as the United States, United Kingdom, and Canada remain cautious, emphasizing patient safety, continuity of care, and regulatory oversight. Destination countries like India, Thailand, Malaysia, and Mexico, in contrast, actively promote medical tourism as a strategic industry, investing in infrastructure, accreditation, and

international marketing to attract foreign patients. This divergence underscores the dual nature of medical tourism: it is simultaneously an opportunity for economic growth and a challenge for equitable healthcare governance. The opportunities presented by medical tourism are undeniable. For destination countries, it generates foreign exchange, stimulates investment, and creates employment across healthcare and allied sectors. Hospitals catering to international patients often achieve world-class standards, raising the overall quality of care. Patients from source countries benefit from affordable, timely, and specialized treatments, often unavailable or financially inaccessible at home. Medical tourism also fosters international collaboration, encouraging partnerships between hospitals, insurers, and accreditation bodies, thereby contributing to the globalization of healthcare standards. Yet, these opportunities are tempered by significant challenges. Ethical dilemmas loom large, particularly in destination countries where prioritizing foreign patients may exacerbate inequalities in domestic healthcare access. The continuity of care remains a persistent issue, as patients returning home often struggle to secure follow-up treatment, leaving source countries to manage complications without adequate frameworks. Regulatory gaps in malpractice liability and insurance portability further complicate the landscape, exposing patients to risks and undermining trust. The commodification of healthcare, driven by aggressive marketing and consumerist models, threatens to erode the ethical foundations of medicine. Moreover, the absence of harmonized global governance mechanisms leaves patients vulnerable to inconsistent standards and weak accountability. The comparative analysis highlights that medical tourism cannot be understood solely as an economic or individual phenomenon. It is deeply embedded in healthcare policy, ethics, and global governance. Source countries face the challenge of balancing caution with pragmatism. While they emphasize risks, the growing demand for affordable and specialized care abroad suggests that medical tourism is unlikely to diminish. Developing structured policies that integrate safe medical tourism options such as insurance coverage, accreditation recognition, and post-treatment care pathways could reduce risks while acknowledging patient realities. Destination countries, meanwhile, must ensure that economic gains are reinvested into public healthcare systems. Balancing international demand with domestic equity is critical to maintaining legitimacy and sustainability. Transparent regulation, ethical safeguards, and reinvestment strategies are essential to prevent medical tourism from widening

disparities. At the global level, the absence of harmonized frameworks represents both a challenge and an opportunity. International cooperation could establish standardized accreditation systems, malpractice liability mechanisms, and insurance portability protocols. Such frameworks would enhance patient safety, reduce inequities, and promote sustainable growth in medical tourism. Organizations such as the World Health Organization (WHO) and international accreditation bodies could play pivotal roles in fostering dialogue and setting benchmarks. Without such cooperation, medical tourism risks evolving into a fragmented system that benefits some while leaving others vulnerable.

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