

УДК

НОВІ ФОРМИ ОЗДОРОВЧОГО ТУРИЗМУ

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Подорожі з метою покращення здоров'я і самопочуття – давня традиція. Ще в античний період лікування з використанням природних чинників було невід'ємним компонентом суспільного життя та розваг. В останні роки у всьому світі спостерігається тенденція людей звертати все більшу увагу на стан свого здоров'я. Як наслідок, значно зросла зацікавленість здоровим способом життя, заняттям спортом, яким на курортах надають значну увагу і створюють для цього сприятливі умови. Курортне лікування є важливим елементом сучасної медицини у боротьбі за зниження захворюваності населення, попередження інвалідності.

Більшість санаторно-курортних закладів володіють сучасними спортивними комплексами: тренажерними залами, спортивними майданчиками, тенісними кортами, басейнами тощо. Вибираючи місце для відпочинку на курортах, люди враховують не тільки медичні фактори, але й спортивні та анімаційні послуги, які можуть запропонувати заклади санаторно-курортного туризму.

Пришвидшений темп сучасного життя, широкий вплив цивілізації на наше фізичне та психічне здоров'я спричинили появу нових форм оздоровчого туризму. Зростання інтересу до зовнішнього вигляду та доброї фізичної форми, яке спостерігалось в кінці ХХ ст. зумовило появу спа. Слід відзначити, що збільшення тривалості та покращення якості життя, розвиток технологій та медичних ноу-хау спричинили появу нового напрямку в оздоровчому туризмі – медичного туризму.

Спа-туризм та медичний туризм розвиваються швидкими темпами, що сильно відрізняється від ситуації у сфері традиційної курортної медицини та лікування, які перебувають у глибокій кризі. Нові форми туризму стали каталізатором економічного розвитку багатьох країн: на Далекому Сході (Індія, Малайзія), Середньому Сході (Йорданія, Ізраїль), в Латинській Америці (Аргентина, Бразилія, Коста-Ріка). Спа-туризм та медичний туризм можуть співіснувати та співіснують з іншими формами туризму. Поширеною є практика поєднання пропозицій з активного, ділового та пізнавального туризму.

Ключові слова: спа-туризм, медичний туризм, оздоровчий туризм, бальнеологічні курорти.

Tourism is a social, economic and spatial phenomenon that dates back to the Ancient times. First recorded forms of health tourism were connected with trade exchange. The subsequent advancement of civilization entailed religious pilgrimages as well as peregrinations to spa towns. In the Ancient Rome and Greece sanatoriums were established in the vicinity of mineral sources or religious sanctuaries. The most prominent ones were: *Aquae Helveticae* (what is now Baden), *Aquae Herculi* (Baile Herculane), *Aquae Calidae* (Vichy). The XVIIth century Europe saw a gaining popularity of the visits to spa towns among the representatives of the social elites. The emergence in XIXth century of the railway considerably facilitated access to the places of tourist interest, and the popularity of going to "aquas" was further reinforced by the general vogue. Consequently, apart from the typical for the health resorts facilities in the places like Vichy, Karlovy Vary, Marianske Lazne, Baden, Aix-les-Bains, Spa, Bath or Krynica, top-end lodging and entertainment facilities sprang up. The health resort *per se* character of the towns

was altered to cater for the influx of artists, entrepreneurs, and politicians. In the second half of the XXth century the sanatoria in health resorts in some countries became state owned, health resort/preventive medical treatments were introduced, which in turn contributed to the mass popularization of health tourism.

At the end of the XXth century new forms of health tourism emerged: medical tourism, spa tourism and wellness tourism. Medical tourism is the practice of traveling across the borders to obtain health care, which encompasses cosmetic surgery, dental surgery, specialized surgery as well as a host of highly specialized procedures (cancer treatments or transplant surgeries), or even the procedures of euthanasia or abortion. Marginal as it was in the early 1990's, now the phenomenon plays a significant role in states' economies. For instance in Malaysia alone 100,000 medical tourists were recorded in 2001, whereby this form of tourism is now the engine of the country's economy. Other countries in which medical tourism features prominently include: India, Singapore, Arab Emirates, Argentina, Israel, Poland, Russia, and Lithuania.

The increasing wealth of society and the ongoing fatigue resulting from the fast pace of modern life have contributed to development of the other two forms of health tourism. This correlates positively with the imperative of *looking good* and *keeping fit*, which permeates contemporary societies in highly-developed countries. The notions of spa tourism and wellness tourism are applied interchangeably yet they are by no means synonymous. "Spa" refers to traditional spa resorts and the newly constructed centres for "biological renewal" that rest their therapies on water (thermal, mineral or tap water). On the other hand "wellness" is defined as a lifestyle focused on engendering good health and wellbeing, seeking harmony between the body, mind and spirit, as a way of making life happier. Wellness is the indicator of a certain lifestyle, a kind of therapy for the persons who do not suffer from any illnesses but seek enhancement of their wellbeing. A new trend in spa tourism and wellness tourism is to complement therapy treatments with traditional medical procedures. It is not uncommon to include treatments and therapies based on the Oriental medicine. The first centres of spa and wellness were set up in North America and Western Europe, where they are most numerous. Nowadays luxurious and modern centres are being set up in other parts of the world: in South-West Asia, Persian Gulf, the Caribbean, in the Mediterranean region. Many traditional tourist centres and hotels that as such are not traditional centres of "biological renewal" do have in their offer "spa and wellness" treatments. Interestingly this form of tourism is often combined with other forms of tourism, e.g. business tourism.

Considering the present-time tendencies, we may expect the medical tourism, spa tourism and wellness tourism to continue to develop dynamically, gaining ever greater share in the market of the tourism services.

The history of health tourism. It is difficult to trace back the origins of spa medicine. According to common knowledge the animals would head for the sources to quench their thirst and to soak in the water the ailing parts of their bodies. Prehistoric humans would observe animals' behaviour and emulate it, thus recognizing the curative properties of the waters and mud (Dryglas 2006). Indubitably it may be assumed that tourism is one of the most ancient forms of travel, and the first spas were set up as early as in the Ancient times. The rich Greeks would travel to Euboea with its baths or to Asclepiads sanctuary in Epidaurus, famous for its curative sources. Ancient Romans would temporarily leave their urban dwellings to enjoy treatments in suburban estates, and later in more distant places. The vicinity of mineral water sources or shrines was the place for constructing sanatoria, and the spa resorts offered a high level of services and a variety of forms of entertainment (Warszyńska, Jackowski 1978). The thermal waters on the territory of the Roman Empire were used for the purposes related to

hygiene, recreation, socializing, and eventually for health treatments. The *terme* buildings were characterized by architectural richness, and provided a multifarious venue: for baths, exercises, leisure activities, or treatments *per aqua minerale* (Dryglas 2006). The prominent spas in the Roman Empire are presented below, including: Baiae (now Baia in Italy), Aquae Calidae (now Vichy in France), Aquae Herculi (Baile Herculane in Romania), Aquae Helveticae (Baden in Switzerland), Aquae Solis (Bath in Great Britain) (Kurek 2007).



Figure 1. Balneological spa resorts in the Ancient Europe.

(source: Kurek 2007)

In the Middle Ages the interest in curative travel waned considerably and was taken over by religious pilgrimages. One of the most renowned spa resorts created at the time was Karlovy Vary. A renewed interest in curative travel was observed in Renaissance, leading to emergence of a number of spa resorts. In the following centuries the spa tourism was practiced mainly by the representatives of the social elites, and it was favoured by the expanding network of roads and by the advancement of the means of transport. The most popular spa towns of that period were: Baden-Baden (Germany), Bath (England), Spa (Belgium), Karlsbad and Marienbad (Czech Republic), Montecatini (Italy), Evian, Vichy, Aix-les-Bains (France). The duration of the curative stay range from several months up to one year, and the traditional treatments were accompanied by various forms of entertainment (Dryglas 2006). The first spa resorts in Russia and in the USA were set up at that time (Saratoga Springs, Hot Springs, Kinderhook, West Virginia).

The XIXth century was a time of industrial revolution – emergence of the railway, social and economic breakthroughs, as well as a time of a very intense development of spa towns, which become platform for the encounter of the social elites (artists, entrepreneurs, intellectuals). The curative aspect of these resorts merely provided the background for other activities, of which the entertainment featured prominently. The development of the means of transportation, industrial advancement (and the ensuing increase in the quality of life), the

expanded leisure time, all contributed to the growing numbers of visitors from the less affluent groups of society. At the turn of the XXth century most of the spa resorts underwent transformation from the *stricte* health resort towns to health and tourism resorts (Warszyńska, Jackowski 1978). The mostly visited resorts of the period included: Baden, Vichy, Karlovy Vary, Spa, Bagnere-de-Bigorne, Bad Ischl, Krynica, Świnoujście.

The Between-the-Wars period and more exponentially the period after after the WWII, saw the visitors to the spa resorts from all social strata. In some countries, in particular those of the communist block after the WWII, health resort facilities became nationalized, and a system of subsidies to the medical/preventive treatments was introduced, thus favouring mass health tourism. As a result, a number of resorts were subjected to an intensive urbanization, while their aesthetic and curative properties were often debased, which in turn reduced their curative scope.

A phenomenon observable in the late 1990's, in particular in the societies of highly-developed countries was that of a pursuit of good health, beauty, fitness and wellbeing. This tendency reverberated in the pervasive recognition of the importance of preventive treatments, relaxation treatments, and as a result, in the emergence of new forms of health tourism – spa tourism and wellness tourism. Another form tourism related to health is that of medical tourism, which has been developing since the 1990's.

Various forms of health tourism and the factors behind its development. The literature on the subject does not provide an unequivocal definition of the notion of health tourism. Earlier publications would define it as a practice of travelling beyond the place of one's residence and a stay in a resort, with the view of improving one's health, be it physical or mental. This improvement would be achieved mainly through restoration of vitality and prophylactics. In the light of this definition the individuals who embark on such travels do not suffer from illnesses but seek improvement of their condition, negatively affected by the civilization. Spa resorts provide ideal conditions for this form of tourism. On the other hand rehabilitation procedures, treatments of chronic illnesses, or secondary prophylactics constitute the elements of the curative medicine (Wolski 1978). Contemporary authors differ slightly in their approach to the subject, and distinguish between three forms of health tourism:

- health resort tourism: aimed at the treatment of various illnesses, providing rehabilitation and improving overall health by means of preventive medicine. These are obtained by curative properties of the climate or microclimate in the resort, or by the use of natural resources such as water, gases, or fossils;
- *spa* and *wellness* tourism; its main objective is the improvement of mental and physical condition of individuals who practice this form of tourism;
- medical tourism, voluntarily undertaken travel abroad to obtain specialist healthcare, undergo elective surgery or an operation (Mika, Ptaszycka-Jackowska 2007).

Similar approach to health tourism is represented by Łęcka who defines it as the practice of travelling beyond the place of one's residence for a period of 24 hours, or longer. The objective beyond such travel would be the recuperation of physical or mental health, beauty enhancement procedures, surgical procedures. The characteristics of the contemporary health tourism include the following:

- a wide range of medical and cosmetic procedures available;
- globalization of medical services and their free-market character;
- reduced time needed for the renewal of vital forces (weekend or one-week offers);
- diversification of offers available in different countries;
- an increasing share of less-developed countries in offering medical services;
- recognizing sexual services as “sex therapy” for both genders (Łęcka 1997).

Medical tourism involves voluntarily undertaken travel across border to obtain health care, undergo surgical treatment or medical treatment. Its origins date back to the 1990's, while the reasons for emergence of this branch of tourism include:

- demographic changes; longer life span calls for intensified medical services;
- shortcomings in the medical care system in the country of origin of the tourist (wherein the given medical service is not available, or else there is a long waiting time for certain procedures, which are of low quality);
- lower cost and high quality of medical services in the country where it is rendered;
- increasing standards of medical services and procedures and better access to latest technologies in the countries that until now have been considered as less advanced in these respects;
- an illegal character of certain procedures in the country of the tourist origin (e.g. pregnancy termination, infertility treatments).

The development of medical tourism is further reinforced by such factors as the mobility of medical staff, who are more flexible in their choice of the place of employment, ease and affordability of international travel, access to the internet as the main source information on the options of treatments abroad, introduction of insurance designed specifically for the medical travellers.

Most popular treatments elected by the medical tourists include: dental surgery and plastic surgery (breast correction procedures, belly and buttocks enhancement procedures, liposuction). Also, the patients use highly specialist procedures, such as transplants, eye surgery, knee or hip replacement implant surgeries.

The study carried out in 2006 by the European Research Specialist jointly with Treatment Abroad among the British residents showed that the most popular objective for the travel abroad is dental surgery, followed by plastic surgery, and this is followed by other types of surgical treatment and fertility treatment (Fig. 2).

One of the most important causes of opting for the medical treatment abroad is that of lower cost of medical service. Table 1 shows the breakdown of the expenses related to selected medical services across the countries of the Western Europe, the USA and in India.

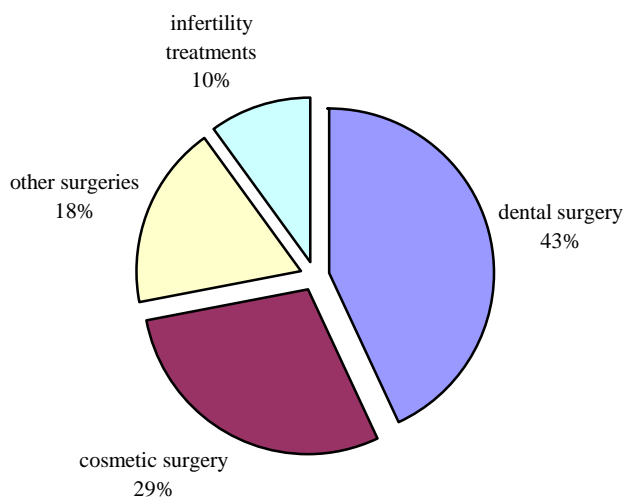


Figure 2. The percentage breakdown of British citizens who embarked on medical travel in 2006.

Source: *Medical Tourism Survey 2007*

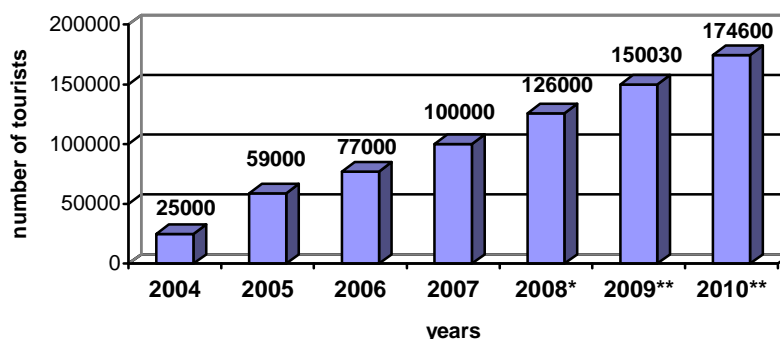
Table 1.
Costs of the medical procedures in various countries

Medical procedure	Heart bypass	Hip replacement	Cataract operation
Great Britain	15,000£	9,000£	2,900£
France	13,000£	7,600£	1,000£
USA	13,250£	15,900£	2,120£
India	4,300£	3,180£	660£

Source: *Remesh R., This patient avoided the NHS list and flew to India for a heart bypass. Is health tourism the future?*

The above figures show overtly that the costs of medical procedures in India are several times lower compared to highly-developed countries, even including the costs of travel and accommodation of tourist-patient. It is quite common for the clinics and hospital to offer high standards of accommodation, extra services (e.g. access to the Internet, personal chef) with the view of attracting the patients. Another trend is that of combining the surgical services with the tourist offer, e.g. holidays with yoga, trips to the places of tourist interest, e.g. Taj Mahal (Ramesh 2005).

As in a number of countries there is no record of travels undertaken for medical purposes, we may only rely on the estimated figures. According to the findings released by Confederation of Indian Industry as many as 150,000 persons visited India in 2004 to obtain medical service, and this figure increases at the rate of 15% per year. It is estimated that in 2012 the market of medical tourism in India will reach 1,21 billion GBP (Ramesh 2005). Another country – Malesia in 2001 welcomed 100,000 medical tourists (Łęcka 2003), whereas Singapore is visited by 250,000 tourist-patients every year (Mika, Ptaszycka-Jackowska 2007). Other countries recognized for medical services available include: Argentina, Brazil, Hong Kong, Israel, Jordan, Costa Rica, Lithuania, Malaysia, the Arabic Emirates, Hungary and Poland, which specializes in plastic surgery, dental surgery and spa resort therapies. According to the forecasts, in 2015 as many as 220 million tourists from the USA, Canada, Western Europe, Australia and New Zealand are expected to pursue medical services across borders (Mika, Ptaszycka-Jackowska 2007). Figure 3 shows the dynamics of the increasing popularity of this form of tourism, on the example of the British citizens.



* estimate ** forecast

Figure 3. British citizens travelling abroad to obtain medical services.

Source: *Medical Tourism Survey 2007*

Spa and wellness tourism. In the last decade of the XX-th century apart from medical tourism, two new forms of health-related tourism emerged, related to the health engendered considerations: spa tourism and wellness tourism. The civilization development, increased pace of life, stress and work overload are just a few factors that negatively affect our wellbeing and overall health. The ever-growing numbers of people experience the need to leave their environment and alter their lifestyles. Much as they differ the notions of “spa” and “wellness” are often used interchangeably. Wellness is a philosophy and denominates a certain lifestyle. It applies to persons who do not suffer from illnesses but intend to engender their good health. (Mika, Ptaszycka-Jackowska 2007). Wellness, which is rooted in the New Age philosophy, rests on the interaction between body, mind and spirit.

As for “spa”⁴³ it may take on one of two meanings. Traditionally it denotes resorts, in particular on the territory of Great Britain (Łęcka 2005). However the contemporary definition relates to a particular venue offering water-based therapies (mineral, thermal or tap water). These modern-day centres take on a variety of forms. ISPA (International Spa Association) distinguishes between several types of spas:

- *day spa*, usually located in big cities, offering a variety of services such as massages or facials; does not offer lodging;
- *destination spa*, providing a comprehensive wellness care, a variety of physical activity components, wellness education, healthful cuisine and interesting programming; located attractively, even in exotic places;
- *medical spa*, offering integrated spa services: traditional, complimentary and alternative therapies and treatments;
- *dental spa*, a facility that operates under a full-time supervision of dental-care professionals, offering traditional dental procedures as well as biological renewal.

Spa and wellness facilities offer comprehensive medical and prevention and wellness procedures (mineral baths, thermal baths, mud baths, saunas, massages, light therapy, mudbaths, etc.), often complemented by treatments from Far East medicine (yoga, shiatsu, Ayurveda, Reiki), alternative medicine treatments and cosmetic procedures. The facilities - often located in attractive surroundings, or on the peripheries of urban centres – offer spa and

⁴³ ‘Spa’ derived from the Belgian resort of Spa, also the acronym of the Latin term *sanitas per aquas* – *health through water*.

wellness services boast high-end furnishings, and use the latest technologies in the professional services administered by highly qualified staff. Many hotels and traditional resorts tend to incorporate into their regular offer the procedures for the renewal of body, mind and spirit.

The majority of spa and wellness facilities' clientele are well-off persons, and usually women. The highest concentration of spas is in the USA, and in Europe in the countries such as Germany, Great Britain, Switzerland and Hungary. Presently in Poland there are 300 privately-owned spa and wellness facilities (Łęcka 2003). A fast pace of development of these type of facilities may be observed in the countries of the Caribbean, and the Far-East – Thailand, China, Malaysia (Mika, Ptaszycka-Jackowska 2007).

The spa and wellness sector is growing dynamically. The turnover in this branch of tourism is estimated to exceed 250 billion USD, the revenues generated by the sector amount to 194 billion USD, and the figure of employment in the sector is at 71,000 (Travel Trade Gazette).

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NEW FORMS OF HEALTH TOURISM

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The travel devoted to enhancing good health and overall wellbeing has a long-standing tradition. In the Ancient times the treatments based on the natural elements constituted a compliment to social life and entertainment, as was the case in XVIIth, XVIIIth and XIXth centuries. Notably the XXth century saw the mounting prevalence of travel in pursuit of good health, while the resorts streamline their offer to rehabilitation therapies, chronic diseases therapy, secondary prevention and health education. The accelerating pace of contemporary life, adverse impact of civilization on our physical and mental health contributed to the emergence of new forms of health tourism. The growing interest in the physical appearance and good shape, observable in the 1990's, led to the emergence of a spate of spa and wellness facilities. Significantly the longer life span, enhanced quality of life, the smooth flow of technology and medical know-how as the ease of travel have all contributed to the creation of another trend in the health tourism - medical tourism.

It should be noted that both the spa and wellness tourism as well as medical tourism are on a rapid increase, which stands in stark contrast to the situation of the traditional health resort medicine, deeply in crisis – also in Poland.

These new forms of tourism triggered the economic development in a number of countries, e.g. in the Far East (India, Malaysia), Latin America (Argentina, Brazil, Costa Rica), of Middle East (Jordan, Israel). The spa and wellness tourism and the medical tourism may coexist and do coexist with other forms of tourism. It is not uncommon to combine offers, including components of business, active tourism or sightseeing.

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