MEDICAL TOURISM AND LANGUAGE BARRIERS IN HEALTHCARE

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Abstract Medical tourism has started to develop and expand due to the extensive travel options. Apart from its medical, social, political and economical aspects, this phenomenon entails several linguistic aspects and impediments which need to be taken into account by specialists. The most important of these are the language barriers which can infringe on the medical outcome itself. The relation between medicine and language lies at the core of the medical act. This paper covers significant research in the field of language and medical tourism, focusing on possible solutions to overcome the linguistic barriers that hinder the medical process. The hereby paper also offers an overview of the research status in Romania, emphasising the fact that there is insufficient focus on the linguistic aspects of medical tourism in our country.

Keywords: *medical tourism, language barriers, language management, language commodification*

Medical tourism is considered to be niche tourism[1] in the sense that travel is undertaken in order to bring improvement to a person's health[2]. The concept is of universal validity and can be seen as a consequence of globalisation, even though accounts of people travelling for health benefits date back to Roman times[3].

There are many possible driving factors for someone to opt to travel for the purpose of tending to their health, as there are a number of obstacles in their endeavours. Connell offered several reasons[4] which lie behind the growth of the medical tourism industry. The first one described by the author entails patients who are disappointed by the state of medical care where they live and therefore seek a better alternative. Then, the author mentioned the high costs of treatment and medical procedures in various parts of the world as another driving factor behind the emergence of this niche tourism, alongside inadequate medical insurance schemes. Developing countries are becoming an increasingly desirable destination for medical tourists due to the growth in the quality of their medical services. The rising

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[1] Connell 2011

[2] Bookman and Bookman 2007

[3] Connell 2011

[4] Connell 2011: 1-2

demand for plastic surgery has also driven patients to find less expensive alternatives, accompanied by the greater mobility of the twentieth and twenty first centuries.

Furthermore, the inequalities between the legal and ethical takes on various medical issues have given rise to an array of driving factors of healthcare tourism, such as abortion tourism, transplant tourism and stem cell therapy. The manner in which human euthanasia is perceived in various countries has been one of the most controversial and ethically-burdened factors behind medical tourism. Switzerland, the Netherlands, Luxembourg and Belgium are among the main destinations for what has been called death tourism[5].

At a later date, Connell suggested the term *medical travel*[6] as being more encompassing and appropriate than medical tourism and also emphasised the economic impact exerted by the developing field. The author also remarked the general inadequacy and unreliability of information concerning the numbers of medical tourists, due to a general tendency for the inclusion of patients coming from diasporas, as well as those transferred to other countries through medical institutions and the accidental patients who find themselves in need of medical care while on holiday or business trips abroad. Connell therefore makes a case for a more scrupulous definition of the concept and of the manner in which it is analysed.

The advantages of medical tourism are the reasons for its continuous development and they have two directions: tourist benefits and destination benefits. The benefits[7] of medical tourism are economical, human capital-related, as well as those contributing to the overall progress of a nation. First, the economic benefits influence the destination, as well as the tourists due to increasingly more competitive prices, entailing the possibility to achieve a better quality-price-ratio. The medical workforce will have to improve their skills, both in terms of knowledge and research and in terms of foreign language diversification in order to be able to attract a variety of patients.

Language obstacles and language commodification

Irrespective of the reasons behind embarking on a medical trip, the tourists are faced with several obstacles: political impediments, such as visa requirements; legal obstacles, such as unclear legislation for international patients' rights and their options for legal recourse; a reduced standard of

[5] Connell 2011: 145
[6] Connell 2013
[7] Bookman and Bookman 2007

care in certain countries; and transportation to and within the country of destination[8].

Once, the lack of efficient transportation influenced people's ability and willingness to travel to the extent to which it was one of the most important factors in choosing one's destination. More recently, geography is not among the most important factors that need to be taken into account when preparing to travel. Medical tourism comes as no exception in this respect. As long as the venture is profitable from a financial and medical point of view, distance can easily be overcome. A very important obstacle for medical tourists is the language barrier which can appear and hinder communication between them and the healthcare provider. The ability to "communicate with medical staff in one's native tongue is reassuring and, as a result, patients are drawn to countries where their language is spoken and past colonial ties still beckon. Indeed, the British go to India, Americans to the Philippines, Spaniards to Cuba, and Saudi Arabians to Jordan."[9]

As a means to avoid language barriers, members of diasporas opt to seek medical care in their native countries. This has led to a distinct classification of medical tourism which Connell[10] named *diasporic* tourism, i.e. the return of migrants to their home countries in order to seek medical care. Migration is generally driven by economic reasons, which are also important for returning home, due to the generally lower prices of medical care there. Furthermore, the importance of adequate language proficiency is paramount to medical communication.

In a study on the Swiss healthcare system as a tourist attraction, Muth discussed "which specific linguistic proficiencies are deemed valuable and how changes in market conditions and patient numbers have an impact on the commodity value of languages" [11]. His attention was focused on how languages are treated as a commodity by two healthcare centres and the manner in which patients are treated there.

Medical services in Switzerland were noticed to have entered the global market after the financial crisis in 2008. The promotional techniques employed in advertising the country as a select tourist destination started to be used in the advertising of Switzerland as a premium medical destination as well. This led to the conclusion that "communicating in the language of the consumer may be more than accommodation in a language of choice, but can turn into a decisive marketing argument to attract patients who share specific linguistic and cultural backgrounds."[12]

[8] Bookman and Bookman 2007: 139-168
[9] Bookman and Bookman 2007: 57
[10] Connell 2013
[11] Muth 2018: 217
[12] Muth 2018: 219

In the case of a private medical facility in Zurich studied in 2014, Muth described the use of Russian speakers of Swiss origin by a healthcare broker[13] (i.e. a person who mediates the relationship between patients and medical institutions) as the ones who would act as both interpreters and companions of the patients throughout their stay in the medical facility. Great importance is conferred to the commodification process of language[14,15] in this case. The healthcare broker Muth mentioned relates his preference for Swiss nationals who are proficient in Russian, rather than for Russian nationals who are proficient in German. The most valuable speaker for him was the one who was able to speak Russian with a Swiss accent, because he had noticed a higher client satisfaction whenever such a speaker was used as a companion and interpreter[16]. Therefore, the ideal speaker of Russian is not necessarily the most proficient one, but the one who meets client expectations to a higher degree. However,

Because medical tourism is a niche field, with a reduced coverage in terms of speakers, language-related decisions must be taken in terms of language management, rather than language planning[17]. The task of providing effective language management strategies in this particular field is a difficult one, due to the large diversity of beneficiaries, depending on their cultural and linguistic background and the effective selection of those who are likely to be the most profitable[18]. The profitability of the domain needs to be taken into account on a case to case basis if we consider that in Switzerland, one to two percent of visits to healthcare facilities were estimated to have been made by medical tourists[19].

The researcher described the approach taken by two healthcare institutions, a medical resort with spa, clinic and shopping facilities and a long lasting tradition to cater to the needs of an international public and a hospital from an urban settlement with more recent attempts of rallying to the medical tourism industry. Both institutions made efforts to provide their services in their patients' languages, because they realised that "the prospect of receiving medical tourists promised economic growth, expansion and profit."[20]

The creation of a multilingual workplace was seen as a necessary investment in order to promote internationalisation. Therefore, the commodification of languages this process entailed brought about the

[13] Muth 2018
[14] Heller 2002
[15] Heller 2010
[16] Muth 2018
[17] Spolsky 2009
[18] Muth 2018
[19] Muth 2018: 224
[20] Muth 2018: 227

necessity to train or outsource medical personnel, as well as hospitality workers. The language management decisions taken by the healthcare facility were to offer language courses in Arabic, English, German, Italian and Russian in order to meet the requirements of the majority of their clients, as well as to have their website in German, English, Arabic and Russian. The hospital had created an international office in order to promote its international services which were described as being profitable for the institution, despite the fact that it is a public hospital. The international office is responsible with coordinating international patients' visits and therefore has a multilingual team which ensures potential patients that the staff can speak German, English, Italian, French, Russian, Ukrainian and Chinese. The ability of staff members to speak in the language of the patients was noted as extremely important for business by managers from both institutions[21].

In the case of the medical resort, native speakers of Russian were preferred, as opposed to the choice of the aforementioned healthcare broker. This provides a clear sign that language management decisions need to be taken at a localised level, based on the target tourists of each healthcare provider, while also taking into account cultural specificities. To further account for the need of careful language management decisions, the author mentioned that the medical resort decided to no longer employ speakers of Arabic, because their clients bring their own interpreters and do not like to be understood by the staff members. In the case of the public hospital, Russian and English were seen as important commodities for staff to possess. However, Russian speaking staff was at times perceived by the patients as invading their privacy. Therefore, the institution remarked an increasing proficiency in English of their patients and the use of this language as a neutral medium of communication, thus ensuring the patients' privacy due to the employment of staff members who do not speak their language[22]. Therefore, more nuances are given to the commodification process of a language in the case of medical tourism.

Amouzagar et al. discussed the challenges of health tourism[23]. Their research provides another terminological variant to describe the domain and thus furthers the conceptual discordance remarked by previously mentioned research in this paper. Nonetheless, terminological ambiguity is a characteristic of emerging fields in research, particularly in the fields of sociology, linguistics and humanities in general[24,25].

[21] Muth 2018
[22] Muth 2018
[23] Amouzagar et al. 2016
[24] Spolsky 2004
[25] Spolsky 2009

Through the qualitative analysis of 16 interviews of hospital administrators, university professors and health tourism and insurance managers from Iran, language was deemed by as one of the important challenges of healthcare tourism[26]. Their study reported a necessity for medical staff to be proficient in English or in the language(s) of the patients. Moreover, the proficiency was not necessarily viewed as a prerequisite, but also as a result of language management strategies enacted by the institution willing to be a destination on the map of health tourism. Iran was portrayed as a less desirable destination for health tourism due to several factors, such as political instability and disregard for international standards, among others. Solutions were offered to promote the domain in terms of a more prominent presence on the market. This was believed to be achievable through "greater investment on human interaction and communication"[27] as well.

Konu and Smith also remarked that language can be a hindrance for a well-established medical tourism network[28]. The necessity for trans-national cooperation was emphasised for an optimal setting of medical tourism to be implemented. They even called on the possibility of cooperation in terms of joint international training of the professionals involved in the medical act, however, this would be possible only on regional levels or in clusters of states that either have geographic vicinity or have a long-lasting tradition of cooperation. Furthermore, they noted the importance of cooperation between states that have either the same language, or mutually intelligible languages as being appropriate in terms of language management strategies. This supports the same remarks made by Connell, who also noted that English is a strong facilitator of medical tourism[29], due to its status of *lingua franca*.

European and Romanian language management for medical tourism

Carrera and Lunt remarked the existence of "a distinctive European medical tourist market, specialist brokers and activities that are bounded by European initiatives, national policy of European countries, and particular cultural mores and preferences."[30] Moreover, travel is facilitated by the European policy of free circulation between member states, and also of the geographic vicinity of the countries, which entails lower mobility costs.

The study made by Carrera and Lunt denoted an emergence of particular medical tourism fields in the EU, such as dental, hip-replacement

[26] Amouzagar et al. 2016
[27] Amouzagar et al. 2016: 90
[28] Konu and Smith 2017
[29] Connell 2011
[30] Carrera and Lunt 2010: 472

and cosmetic surgery travel[31], which are caused by changes in national policies. European medical travellers were remarked to fall under five categories: *temporary visitors abroad*; *long term residents*, such as citizens who retire to another country; *patients referred trans-nationally by healthcare institutions*; *patients close to the borders with neighbouring countries*, for whom another country offers more treatment opportunities at a shorter distance; *medical tourists at their own initiative*. The last two categories comprise what has traditionally been referred to as medical tourists.[32,33,34]

Carrera and Lunt further described European medical tourist as pertaining to two main groups: those seeking medical care abroad using their European citizenship rights and therefore, having the possibility to receive reimbursement for their medical expenses, and those seeking treatment abroad on their own expense, seen as consumers of healthcare[35]. The former category constituted approximately one percent of the healthcare costs across the EU at the time of the aforementioned research. The latter category consists of the citizens who opt for elective treatments and medical procedures, dental care, as well as various other necessary medical interventions which, however, require long waiting lists for the patients' insurance to cover the costs.

The World Health Organisation's report on *Cross-border health care in Europe*[36] remarked language barriers as being one of the impediments in implementing high standards of care in the case of cross-border patients. Interpreters and language training for healthcare professionals were noted as the management strategies that would ensure higher quality of standards of care. Moreover, language barriers were deemed to sometimes account for a lower quality care for the mobile patient, because of the impediments in communication. In the case of staff, language barriers were found to be most readily solved by using interpreters. However, patients remarked a perceived violation of privacy in the presence of a third party during their medical visits. Furthermore, some hospitals in the EU chose to make written information available in various languages, provide interpreters, as well as to have staff members who are able to speak several languages to come to the support of the cross-border patients.

Footman et al. reported that the majority of cross-border patients who arrive in Hungary are ethnic Hungarians and therefore language is

[31] Carrera and Lunt 2010: 472
[32] Bookman and Bookman 2007
[33] Connell 2011
[34] Connell 2013
[35] Carrera and Lunt 2010
[36] Footman et al. 2014

generally not a barrier[37]. Another important category of medical tourists who choose Hungary as a destination is made of Romanians who frequently had the opportunity to be treated by staff members who spoke their language. Therefore, the vicinity of countries, accompanied by provisions made by the medical institutions to offer linguistic support for their patients will encourage medical tourism within the EU.

Patrichi and Dodu stated that recently, "medical tourism has transformed into a business, being the result of population necessity to find the most convenient solutions for medical issues."[38] In Romania, medical tourism attracted revenues of approximately 500 million dollars (US) up to 2016 and was deemed to be one of the most promising areas of tourism, particularly due to the high affluence of patients seeking dental care[39].

While reviewing the literature on medical tourism in Romania, three trends were remarked: 1. the inaccuracy of data regarding the economic impact of this part of the country's economy; 2. the focus on spa and dental tourism as the main directions for development; and 3. the lack of substantial information on the language management strategies adopted by Romanian healthcare facilities.

Enache et al. briefly remarked that Romanian dentists have good English-speaking skills and therefore are able to properly communicate with their patients.[40] However, in the same research, the authors noted that most medical tourists seeking dental care in Romania come from Italy and Hungary. English can be a facilitator of communication if both dentist and patient are able to speak the language well enough. However, the language can become a deterrent for the possible patients who do not speak English and would have, under different circumstances, chosen Romania as their destination. Stanciu et al. noted the existence of various medical packages offered by tourism agencies or by dental practices directly which, among transportation and relaxation for the patients include language services[41]. However, the language services discovered by the authors were restricted to English and no provisions were made for speakers of other languages.

Conclusions

Research on the linguistic challenges faced by medical tourists who choose Romania as their destination was found to be scarce and only adjacent to some of the available studies. Moreover, language management strategies were found to be implicit, in that the stakeholders generally relied

[37] Footman et al. 2014
[38] Patrichi and Dodu 2014: 36
[39] Postenlnicu and Dabija 2016
[40] Enache et al. 2013
[41] Stanciu et al. 2014

on ubiquity of English and the ability of staff members to use the language in communication. Therefore, the only occasional language-directed policies found in the case of medical tourism in Romania entails a further need for research in the field.

In conclusion, medical tourism proves to be a promising field for researchers due to the interdisciplinarity that characterises it, allowing scholars to pursue aspects ranging from medicine to tourism, economics and linguistics alike. As far as the linguistic aspects of this field are concerned, close attention must be paid to strategies intended to overcome language barriers in order to ensure a high standard of care. This must be achieved through careful language management strategies undertaken by each medical institution that intends to receive international patients.

Bibliography

Amouzagar et al. 2016 = Saiede Amouzagar et al. *Qualitative Examination of Health Tourism and its Challenges*, International Journal of Travel Medicine and Global Health, 2016, 4(3), p. 88-91.

Bookman and Bookman 2007 = Milika Z. Bookman and Karla R. Bookman, *Medical Tourism in Developing Countries*. New York: Palgrave Macmillan, 2007.

Carrera and Lunt 2010 = Pricivel Carrera and Neil Lunt, *A European Perspective on Medical Tourism: The Need for a Knowledge Base*, International Journal of Health Sciences, 2010, 40(2), p. 469-484.

Connell 2011 = John Connell, *Medical Tourism*. Wallingford: CABI, 2011.

Connell 2013 = John Connell, *Contemporary medical tourism: Conceptualisation, culture and commodification*, Tourism Management, 2013, 34, p. 1-13.

Enache et al. 2013 = Elena Enache et al., *Considerations about dental tourism development and its specific marketing in Romania*, Strategii manageriale, 2013, 6, p. 420-426.

Footman et al. 2014 = Katherine Footman et al., *Cross-border health care in Europe*. Policy brief. World Health Organisation. 2014. Available at < https://www.euro.who.int/__data/assets/pdf_file/0009/263538/Cross-border-health-care-in-Europe-Eng.pdf > Retrieved October 15, 2020.

Heller 2002 = Monica Heller, *Globalization and the commodification of bilingualism in Canada*', In: Block, D. and Cameron, D. (eds.), *Globalization and Language Teaching*, Abingdon: Routledge, 2002, p. 47-63.

Heller 2010 = Monica Heller, *The commodification of language*, Annual Review of Anthropology, 2010, 39, p. 101–114.

Konu and Smith 2017 = Henna Konu and Melanie Kay Smith, *Cross-border health tourism collaborations: opportunities and challenges*, In: Smith, M.K. and Puczkó, L. (eds.), *The Routledge Handbook of Health Tourism*, Abingdon: Routledge, 2017, p. 298-314.

Muth 2018 = Sebastian Muth, "*The ideal Russian speaker is no Russian": language commodification and its limits in medical tourism to Switzerland*, Language Policy, 2018, 17(2), p. 217–237.

Patrichi and Dodu 2014 = Ioana Cristiana Patrichi and Silvia Patricia Dodu, *Medical tourism – a business or a necessity?* In: Cosma, S. et al. (eds.) *Trends in Hospitality*, Proceedings of the International Conference Entrepreneurship in the Hospitality Industry, Third edition, Cluj-Napoca: Risoprint, 2014, p. 31-36.

Postenlnicu and Dabija 2016 = Cătălin Postelnicu and Dan-Cristian Dabija, *Challenges and Development Prospects for Tourism in Romania*, *Ecoforum* 2016, 5(1), pp. 84-89.

Spolsky 2004 = Bernard Spolsky, *Language Policy*. Cambridge: Cambridge University Press, 2004.

Spolsky 2009 = Bernard Spolsky, *Language Management*, Cambridge: Cambridge University Press, 2009.â

Stanciu et al. 2014 = Anca Cristina Stanciu et al., *Aspects Regarding the Development of the Dental Tourism in Romania*, *SEA – Practical Application of Science*,2014, 2(1), p. 588-597.