Medical Tourism to Switzerland

How and why Switzerland establishes itself as a medical tourism destination

GEO 511 Master's Thesis

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Table of Contents

List of Tables

1 Introduction

Medical tourism has become a fast-growing market worldwide with great economic potential and is believed to become even more important in the next few decades (Cathomas & Arendt, 2009). A growing health awareness in the world population and the transforming structures of a more and more globalised health care market, which enables and encourages patients to seek health care wherever they want, drive these economic dynamics of medical tourism. More precisely, patients are often motivated to travel across national borders to receive either more affordable medical treatment or health care with higher quality, although long waiting lists are often a reason as well (Glinos, Baeten, Helble, & Maarse, 2010). With an increasing number of mobile patients choosing their own health care suppliers on a global scale, medical institutions and organisations offering or facilitating the access to health care continue to position themselves to attract those international patients. In Europe, countries like Germany and England have been important medical destinations for a long time especially for international patients within Europe (Plehn, Folkert, & Meissner, 2016), while countries in the global South such as India, Thailand, Singapore and Brazil have only begun to establish themselves as medical tourism destinations in the past decades (M. Smith & Puczko, 2014). Compared to these countries where medical tourism is an important business branch today, the medical tourism market in Switzerland has only recently been discovered as a possible opportunity to cover rising health care expenditures (Cathomas & Arendt, 2009). With an excellent health care system, one of the highest densities of hospitals and physicians as well as a reputation for high medical quality, reliability and precision. Switzerland offers everything a patient could want but the Swiss quality labelled health care comes at very high prices as well (Camenzind, 2015; Cathomas & Arendt, 2009). But is the Swiss quality health care really so exceptional compared to other countries? How can Switzerland function as a medical tourism destination despite the horrendous costs for international patients? Whatever the reasons, Switzerland is on the way of trying to establishing itself as high quality medical care option worthy of its price. With an excellent health care system, one of the highest densities of hospitals and physicians as well as a reputation for high medical quality, reliability and precision, Switzerland offers everything a patient could want and is on its way to establish itself as a high quality medical care option worthy of the high costs that characterise Swiss labelled medical treatments.

Research about the medical tourism market in Switzerland, however, is scarce and discussions and discourses are biased. Although the interest from medical, economic and political groups is given (Credit Suisse, 2013; Heublein & Kronthaler, 2015), a lot of contradictory information is circulating, especially concerning numbers of patients and medical tourism turnover, which is a general problem in the medical tourism field (Connell, 2013). Furthermore, there is also a certain mistrust noticeable in the population and conveyed through the media that according to public belief foreigners are treated at the expenses of Swiss citizens (Giordano, 2011). The combination of scattered data, uncertain sources and subjectively tainted information makes it difficult to draw conclusions concerning how international patients are attracted. Nevertheless, Swiss health care providers continue to position themselves as attractive medical care facilities within the global medical tourism market.

1.1 Research question and objective

This thesis explores the ways in which Switzerland establishes itself as a medical tourism destination. It critically investigates the incentives of Swiss medical care providers trying to establish themselves within the medical tourism destination Switzerland and aims to understand how international patients are imagined. I thus focussed on the ways in which Swiss health care providers attract international patients and integrate them in the Swiss health care system. While doing so I will discuss the ethical, economical and as well as political challenges with which the involved actors are confronted with in the medical tourism field in Switzerland.

The following three sub questions guide my analysis:

- Why do Swiss health care providers seek international patients?
- How are international patients perceived, attracted and implemented in the health care system?
- What are the challenges of medical tourism for Switzerland and for the Swiss medical care providers?

Let me explain the justification and the development of these three guiding research questions in more detail.

1.1.1 Why are international patients wanted?

On the 25th of December 2015, in the middle of the night, three private jets landed at the Airport of Zurich. Nothing special, one would think, but this event made headlines in most Swiss newspapers and was a hot topic in social media as well. Why? Because the Airport of Zurich has a strict night-flight-curfew in which all flights are banned from starting or landing between 11:30pm to 6am. So why were these three planes allowed to land in the middle of the night? Swiss newspapers reported, that the first private jet belonged to the former ruler of Qatar, who had an accident while on vacation in Morocco and flew to Zurich as an emergency patient to be operated. The other two planes, which landed a couple of hours later, had flown in from Doha and were carrying the current Emir of Qatar and his entourage. Six more planes landed during the working hours of the airport later that day and the term medical tourism was suddenly omnipresent in news outlets all around Switzerland (Kucera, 2013; Staat, 2009; Städler, 2012).

The event described above is certainly an exception of what medical tourists in Switzerland are like, but nevertheless, it fulfils many expectations of how the media and people perceive international patients who come to Switzerland. The classic idea of a medical tourist who comes to Switzerland is that of a very wealthy person, of Russian or Gulf State origin, travelling with a big family and getting the best possible treatment in any hospital because he or she can afford it (Giordano, 2011; Kucera, 2013; Lutz & Guggisberg, 2013; Müller, n.d.). In the last few years, medical tourism to Switzerland has grown both in numbers and reputation. It is estimated that about 30'000 to 40'000 international patients per year are treated in Switzerland generating a turnover of about 600 million Swiss Francs (Swiss Health 2016). Additional to that, it is believed that additional profit is made by touristic activities of the patients and their families such as having family and friends stay at a hotel or going on shopping trips. Thus, the medical tourism market seems to many health care providers a promising way for finding new sources of revenue to support the Swiss health care system (Cathomas & Arendt, 2009), which is currently facing a dilemma concerning its financing. In order to maintain the high quality of medical care as well as in order to continue research for new innovations in medical technology and treatment, procedures have their price. Thus it comes as no surprise that Switzerland has one of the highest expenditures on

health care in the world ('OECD Statistics', 2015). In addition to that, the demographic change in the Swiss population imbalances the financial foundation of the health care system and has led to an increase in the already high premium payments of the Swiss population.

In Switzerland, health care is based on compulsory private health insurance for the population while the state backs public and subsidised private medical providers in order to guarantee national health care supply. In order to lower the costs for medical treatments and aiming at increasing efficiency in health care a fixed-sum system (Diagnosis Related Group systems or DRG) was implemented in Switzerland in 2012. However, this new system has led to a more competitive environment for medical providers, who forth on are depending on their own resources and profit-making to maintain or improve themselves. As a result, medical providers are more reliant on profitable opportunities such as the treatment of private or semi-private insured patients or direct payers without insurance, which is often the case with international patients. Therefore, international patients are believed to be a possible way to bring profit from outside into the health care system as well as having a good influence on the tourism industry.

1.1.2 How to be attractive for international patients?

Many different factors are at play when patients decide to leave their country in order to receive medical treatment somewhere else in the world. These factors can be divided in two groups of arguments that influence the patient's decisions, often referred to as push- and pull-factors. Motivational reasons for a patient to leave his or her country and to start looking for medical treatment include factors like availability or affordability of health care as well as familiarity and perceived quality of health care (Glinos et al., 2010). Thus, patients who believe the health care in their country to be insufficient or who have limited access to the health care they need, are more likely to look for treatment in another country (Keckley, 2008). Furthermore, when the medical treatment is too expensive or the waiting for a procedure is too long, patients might have no other choice than to switch to alternative options (Horowitz & Rosensweig, 2007). Once a patient decides to become mobile, he or she needs to decide on his or her destination. Again, there are many factors involved in this decision making but one of the most important factors seems to be the quality of health care (Gray & Poland, 2008; Hume & Demicco, 2007; Kangas, 2007). Other factors such as the cost

of the medical treatment, the reputation of a country and its health care and political climate are important parameters as well (Crooks, Kingsbury, Snyder, & Johnston, 2010).

But why do international patients come to Switzerland instead of travelling to other countries? Compared to other countries, Switzerland's health care is one of the most expensive ones in the world ('OECD Statistics', 2015). Thus, affordability appears to be one of the main reasons why many international patients do not come to Switzerland. But despite the high prices, Switzerland has managed to raise the number of medical tourists in the past few years (Cathomas & Arendt, 2009). One of Switzerland's main strong points is certainly the high quality of health care it offers. Swiss medical facilities have a very good international reputation. One of the main reasons besides the infrastructure and first-class medical equipment is of course the staff. The high standard of the medical education and attractive working conditions combined with the high living standard in Switzerland, continue to attract and produce great doctors, who ultimately add to the great performance quality (Credit Suisse, 2013). Furthermore, treatments are readily available at almost all times and due to political neutrality, patients feel safe and welcomed in Switzerland (Cathomas & Arendt, 2009). Still, it is a challenge for Swiss health care providers to attract international patients as the quality of medical treatment and medical services in adjunct countries such as Germany or Austria is comparably high.

Thus, many hospitals and private clinics are trying to improve their accommodation and service performance in order to be more attractive for international clientele. Furthermore, information and international offices have been introduced in many hospitals in order to advice and inform potential patients in different non-national languages such as Russian, Arabian and Chinese. On top of that, the newly founded umbrella organization for medical tourism in Switzerland actively promotes the Swiss health system on exhibition and medical tourism events in order to foster the market. Furthermore, private companies within Switzerland have started to actively take on the role of a mediator and advertise their own but also the services of the health care providers in Switzerland to international patients on internet platforms. In general, the image of highest quality health care, cutting-edge medical technology with top-service and patient care is conveyed and health care providers who want to compete in the medical tourism business are trying to establish themselves according to these expectations.

1.1.3 Challenges

I would like to explore under what conditions the medical tourism market in Switzerland is trying to establishes itself. To be more specific, I would like to investigate the possible challenges are which arise in a high-income country like Switzerland. Switzerland has a very good reputation for high quality medical care, but also for being a democratic, neutral country. However, it is very expensive, which might be a disadvantage.

I would like to tackle this question on three different level: first, I will look at the problems which arise on the level of the communication between medical care provider and the international patient. Second, I will look at global factors which have a worldwide impact and see, how Switzerland competes within the global medical tourism market. Third, I will concentrate on the challenges which arise within Switzerland, the middle ground between the first and the second focus, to discuss what improvements could be made in the particular case of Switzerland.

2 Theory and Background

2.1 Medical Tourism: background and terminology

"Medical tourism is difficult to define, the effort is usually unproductive (since diversity is considerable) and more detailed studies of medical tourists are required." (Connell, 2013, p. 10)

This thesis recognizes that the terminology in the medical tourism field is currently unsettled, but will use the terms "medical tourism", "international patient", "medical tourist", "medical care provider", "medical care facility" based on the discussion below.

2.1.1 Medical tourism

According to Connell, medical tourism can be understood as all sorts of travels in which a medical treatment is a key component of a patient's cross-border journey, be it for an invasive procedure like an operation or for a non-invasive one like a medical check-up (Connell, 2013). Medical tourism is often understood as a subset of health tourism, which can be defined as "the organized travel outside one's natural health care jurisdiction for the enhancement or restoration of the individual's health through medical intervention" (Carrera & Bridges, 2006). This excludes emergency patients who happened to have an accident while on vacation, since this was not planned and therefore not organized in advance.

However, the exact definition of "medical" concerning the type of treatments or procedures included within the term "medical tourism" is still under debate. Some scholars define medical tourism interchangeably with health tourism, as any sort of travel where one would improve one's health or wellbeing (Bookman & Bookman, 2007; Carrera & Bridges, 2006), while others try to distinguish clearly between "health" and "medical" (Cormany & Baloglu, 2011). This distinguished definition of medical tourism normally excludes non-invasive and therapeutic procedures as well as wellness (M. Smith & Puczko, 2014), while at the same time including dental and diagnostic examinations such as check-ups, since they could result in medical intervention (Connell, 2013). However, dental tourism is just as often not included in the definition of medical tourism and can also be thought of as a separate category (L. Turner, 2008). There are further subcategories of medical tourism such as fertility tourism,

transplant tourism and stem cell tourism, which belong to the most controversially discussed forms due to ethical concerns (Lunt & Carrera, 2010). But especially with fertility tourism, which is often separately referred to as "reproductive tourism", there are many different opinions whether it belongs to medical tourism or health tourism since there is for example no medical condition in case of a surrogacy for homosexual partners (Connell, 2006; Gray & Poland, 2008). In contrast to medical tourism however, health tourism can be defined as a patient's cross-border traveling for more passive procedures regarding health, often including wellness. However, health tourism is sometimes also used to describe both medical and wellness tourism (Connell, 2013) and is defined as any sort of travel with the goal to improve or sustain one's health. At the same time other scholars clearly differentiate not only between health and medical, but also between health and wellness (M. Smith & Puczko, 2014) by explaining that a hike in the alps can be seen as health travel but a week at a spa resort would be wellness. In this thesis, the emphasis is clearly on medical tourism and not health or wellness, with a focus on medical care received in hospitals and clinics. The "medical" part will thus refer to surgical treatments and procedures, including chemotherapy, but excluding dental and beauty surgery. Additional to that there will be an emphasis on diagnostics and check-ups. Fertility tourism and stem cell tourism are not further discussed.

Another definition is needed concerning the "tourism" part of medical tourism and also to distinguish this from medical "travel". To start, both travel and tourism share a common definition of a patient travelling across national borders to another country (Connell, 2013; Reisman, 2010). However, travelling does not mean vacationing, as could be interpreted in tourism, which is why there is also a tendency to use the term "medical travel" (Leigh Turner, 2007). Medical travel means patients travelling in order to obtain health care. Thus, in contrast to medical tourism, medical travel does not suggest leisurely vacationing and is often used by the academic community when the focus is on the patient and the receiving of medical care without emphasis on the additional activities or involvement of other industries in the process (Connell, 2013). On the other hand the term medical tourism is often more industry-based in its use and considers not only the patients view but also the medical care providers as well as the touristic, non-medical industries involved such as shopping, hotel and restaurants (Ormond, 2011; Snyder, Crooks, Adams, Kingsbury, & Johnston, 2011). Thus, medical tourism can also be seen as a global network of medical care providers and tourism actors which has the goal of attracting mobile patient as consumers (Glinos et al., 2010). In

this thesis the focus lies not just on the traveling for medical care as suggested in medical travel but it tries to include the medical care provider's perspective and focuses on their view of international patients and their strategies and challenges as actors in this industry.

2.1.2 Transnational healthcare

From a health care provider point of view, medical tourism can thus be seen as an invisible export focused on "the provision of health care on the basis of out-of-pocket fee-for-sevice" (Botterill, Pennings, & Mainil, 2013, p. 3). However, the activity of patients traveling across borders to access different health care systems through their own volition or through institutions has led to a growing network of health care providers and health care consumers as well as actors with intermediary functions. While some also refer to this with the term "global medical care" (Reisman, 2010), a new term has emerged to include both medical tourism and cross-border health care: "transnational healthcare".

Transnational healthcare is the offering and receiving of health care across national boundaries (Mainil et al., 2012). The idea behind transnational healthcare is basically to propose a global patient mobility framework which tries to connect, the patient mobility, the health care, transnational organisations and health destination management (Botterill et al., 2013). Compared to medical tourism, transnational healthcare recognises the development of structures and networks, which aim to serve all patients in a global construct rather than looking at it as a local, almost isolated provision of health care (Botterill et al., 2013). Furthermore, much medical tourism occurs between neighbouring countries and is therefore more regional than global or transnational (Connell, 2011). Thus, it has been pointed out that "transnational" and "national" medical tourism should be distinguished because travelling to international neighbouring destination does not involve as much effort and funding as deciding to do a transnational journey (Kangas, 2010). If changing the focus to a patient-driven perspective, the act of people travelling to other countries in order to receive health care is often referred to as "cross-border patient mobility" (Glinos et al., 2010). This focus helps to understand the motives and reasoning of why a patient becomes mobile and also, that the mobile patient does not just passively receive health care but has an active choice in deciding where to be treated as well (Brouwer, van Exel, Hermans, & Stoop, 2003). After all, it is in most cases the patient, who is the active actor and travels to another country to receive

the services of health care providers and not the health care providers going to the patient (Glinos et al., 2010). Therefore, medical tourism is "associated with the provision of health care on the basis of out-of-pocket fee-for-service which, in turn, locates medical tourism as an invisible export, close to other forms of tourism, and with medical patients treated as tourist consumers as an invisible export and the mobile patients as consumers" (Botterill et al., 2013). Compared to that, transnational healthcare allows for a bigger picture and connects the medical tourism industries of different countries from provider's perspectives as well as patient's perspectives to a transnational structure and network. In this thesis transnational healthcare will therefore be used to show the global connections and influential factors on the medical tourism market in Switzerland.

2.1.3 Medical tourists and international patients

Using the term medical tourism would entail that the patients who engage in it are called "medical tourists". However, although we can use the same definition we specified for "medical" the latter part will need some further defining. Similar to the problem about what was required in order for something to be "tourism" the questions that arises in this case is, what activities or characteristics define a medical "tourist". Luckily, I am not the first to ask this questions but although, I might also not be the last. Cohen (2008) has made an attempt to categories the patients who move within the medical tourism field according to their level of medical and holiday involvement: the "medicated tourists", the "medical tourist proper", "vacationing patients" and "mere patients". The first two categories are essentially tourists who either have a medical emergency while on vacation ("medicated tourists") or who might decide on medical treatment, if the chance arises ("medical tourist proper"). The second categories are essentially patients, who make use of the holiday opportunities of the country if possible ("vacationing patients") or are solely travelling for medical reasons without making use of any holiday opportunities ("mere patients") (E. Cohen, 2008). But balancing the intent of between tourism and medical care is difficult

Term	Definition as used in this thesis
medical	includes: surgical treatments and procedures, medical diagnostics such as check-ups and chemotherapy. excludes: are dental care, fertility treatments and wellness
medical tourism	providers offering health care specifically to international patients, patients traveling for planned medical care.
international patients	non-Swiss patients without Swiss health insurance who aim to get treated at a Swiss medical care facility, may engage in touristic activities
medical tourists	same as above but with extensive engagement in touristic activities be it of incidental nature or planned ahead
medical care providers/facilities	use of "medical" definition as above provider and facilities used synonymously or specific when related to provider=actor, facilitator=place

Table 1: Terminology and definitions used in this thesis

since there are so many factors involved in the decision-making of a patient (Connell, 2013). Therefore, since I do not explore the reasoning and motivations of patients who come to Switzerland, I cannot say, if they are more tourists or patients. The only thing I can exclude is the "mere tourists" (E. Cohen, 2008) since my definition of "medical" implies a certain level of medical involvement. Therefore, in order to not enforce any requirements, I cannot prove, on the patients who come to Switzerland, I will forth on use the simple and neutral term "international patient" which shall refer to any patient who does not live within Switzerland and does not have Swiss insurance, while at the same excludes emergency patients. However, I will use the term "medical tourists" when I would like to specifically imply, that the

international patients engage in extensive touristic activities which include shopping, restaurant, hotel stays, travelling within the country, sightseeing and cultural excursions. Now I am aware that this is not a bullet-proof definition but for the argumentation used in this thesis, I need to be able to solely refer to the non-Swiss patients who get treated at any Swiss medical care providers' facility.

2.2 Influence Factors on Medical Tourism

In this subchapter I will explain the mechanisms of patient mobility and medical providers marketing strategies. It is important to understand, what the motivators for mobile patients are in order to analyse the attracting factors for Switzerland and the medical facilities within. Thus, although this thesis does not explore the patient's perspective in Switzerland, I will introduce the different factors which are discussed in current literature and focus on the two stages of choice from Smith and Forgione (2007) supported by the four categories of influential factors introduced by Glinos et al. (2010). On this basis, I will discuss the factors which motivate the patient to leave (push factor) and the factors attracting the patient (pull factor) to relate to my argumentation from the medical provider's perspective later on. Lastly, it is important to keep in mind, that although the influence of some factors are discussed individually at some occasions, it does not signify that this single factor is dominant in the decision-making. Instead, the decision-making is understood as a complex process which involves all factors mentioned here and most likely many more.

According Smith and Forgione (2007) motivational reasons for patients to seek health care across international borders can be divided into two stages: first, choosing a destination country and second, choosing a medical care facility. The first choice is influenced by country-specific factors such as economic conditions and political climate as well as regulatory policies. The second choice for the medical care facility is influenced by such factors as costs, hospital accreditation, quality of care, and also physicians training (P. C. Smith & Forgione, 2007). Other authors have also aimed at defining different factors such as Glinos et al. (2010) who categorized them into four groups: Availability (access, waiting times), affordability (cost), familiarity (interpersonal,culture, language), and perceived quality of health care (Crooks et al., 2010; Glinos et al., 2010). In general, with more and more medical care

providers joining the market, the role and quality of service is becoming more important especially when comparing potential medical care providers who are already deemed to have high quality medical care (Hume & Demicco, 2007).

I have extended and combined the number of factors from Smith and Forgione (2007) with the factors suggested by Glinos et al. (2010) in order to be able to draw a more accurate picture. Thus the factors are: costs, hospital accreditation, quality of care, and physician training (P. C. Smith & Forgione, 2007) and availability (access, waiting times), affordability (cost), familiarity (culture, language) and perceived quality of medical care (quality of care) (Glinos et al., 2010). Additional, I will add one important factor which is not covered, but very important in the case of Switzerland: additional services of interpersonal, facilitating and quality-improving nature. I argue, that this factor is a crucial one in helping Swiss medical care facilities to become more attractive. Since it is not of medical care quality nature it cannot be included there and at the same time it is more than the factor familiarity, which is about language and culture. The factor "additional services" aims at quality-improvement and maximising comfort, which is something that attracts highly demanding patients with individual needs.

(P. C. Smith & Forgione, 2007)	(Glinos et al., 2010)	**in this thesis**
cost	affordability	cost
hospital accreditation	perceived quality of medical care	perceived quality of medical care
quality of care		
physicians training		
	availability	availability
	familiarity	familiarity
		additional services

Table 2: Influence factors on medical tourism.

Availability of health care can be a motivation when the sought medical treatment is either unavailable because of a lack of knowledge or equipment from the provider's side but also

when there is a very long waiting list for certain procedures (García-Altés, 2005). For patients whose countries of origin have less developed health care systems with often also limited access, it is common to travel for medical treatment. Sometimes availability is also connected to affordability, where a patient might not be able to afford medical care in his or her own country (Horowitz & Rosensweig, 2007; Moore, 2009). It is more common however, that patients willingly seek out a less costly health care provider because they choose to save money (Gray & Poland, 2008). Additional to that, a patient might choose a certain health care provider because of familiarity such as a place where the same language is spoken, cultural and religious factors match and where there is trust in the provider (Connell, 2006). Thus, familiarity is an important pull-factor when a patient decides on a destination but can also be a push-factor in case patients choose to return to their country of origin for medical treatment just because of familiarity. Last but not least, the perceived quality of health care, if perceived as inferior in their home country to another option elsewhere, can motivate patients to travel across borders. Similar to the notion about the availability of health care, patients also choose to travel because they believe to receive better treatment elsewhere despite its availability at home. "It is the *perception* of better quality abroad which makes patients travel, as the factual quality of medical care is generally difficult for patients to assess" (Glinos et al., 2010). A patient without any medical knowledge cannot assess what is good or bad medicine or who is a good or a bad physician. However, patients are able to assess feedback, reputation, word-to-mouth-propaganda as well as the appearance, cleanliness and services of a medical facility or physician. Additional to that, international accreditations of hospitals, standard and doctor credentials have become increasingly important due to the increased interest from consumers (Lovern, 2000). It is this perception of health care quality which influences a patient that is one of the most important factors in the case of Switzerland as a medical tourism destination.

2.3 Health Care in Switzerland

In order to understand the role of medical tourism in Switzerland, one has to first understand the Swiss health care system. This sub chapter aims at giving a thorough understanding of the structure and organization of the Swiss health care system. In the process I will elaborate the role of the health insurance, the rules of the Swiss Health Care Insurance Act (Krankenversicherungsgesetz KVG) and the Swiss DRG system (Diagnosis Related Groups).

In international comparison Switzerland is second on health expenditure and financing, just behind the US. Furthermore, Switzerland has also a very high density of hospitals being in the top 10 ranking on geographical density as well as density per capita ('OECD Statistics', 2015). In order to reduce the governments health expenditure hospitals have been put under increasing pressure to specialize and improve their treatments in order to become more cost-efficient (Camenzind, 2015; Mossialos, Wenzl, & Osborn, 2016).

Thus, Swiss medical care providers have started to adapt their services to the needs and wishes of privately or semi-privately insured patients in order to be more attractive.

2.3.1 Health Insurance

According to the Swiss Health Care Insurance Act (Krankenversicherungsgesetz KVG), all persons living in Switzerland are required to have a basic health insurance. The basic insurance covered by the KVG includes the same services at the same cost for everyone, regardless of a person's age, gender or medical condition. The basic insurance covers for substantial medical treatments and a number of additional treatments, which are defined in the Swiss Federal Law on Health Insurance. There are many different insurers, who offer their services to the population. In order to enable a just access to medical care for everyone, the insurers are forbidden to make a profit with the basic insurance they offer, which is why the price is the same for everyone. However, the insurance companies are allowed to offer supplementary insurances that supplement the basic insurance and provide various additional service features. These optional private insurances can cover the costs of additional categories of medical treatments, which are not included in the basic insurance, such as routine dental visits or alternative medical treatments. Furthermore, through supplementary insurance one can also improve the room and service qualities in case of

hospitalisation, such as semi-private or private ward options in hospitals and the included services. The costs of a hospitalisation are normally covered by the basic insurance, while the extra costs for additional services and treatments are covered by the supplementary insurances. Every person living in Switzerland with a basic insurance can use the additional service but if he or she does not also have the desired supplementary insurance, they will have to pay for additional costs by themselves. Thus if someone does have neither basic insurance in Switzerland nor with an international insurance company which is accepted in Switzerland, then he or she can only receive treatment as a direct-payer, unless of course in case of an emergency. ('Bundesamt für Gesundheit - Krankenversicherung', n.d.)

2.3.2 Hospitals and clinics

In Switzerland there are two main hospital types: the private clinics and the public or state hospitals. The treatment in private clinics is only covered for patients with the supplementary insurance of semi-private or private while the treatment in public or state hospitals covers every patient regardless of the insurance type ('Bundesamt für Gesundheit - Krankenversicherung', n.d.). Before the revision of the Swiss Health Care Insurance Act in the year of 2012, payments for treatments from patients or insurances together with the contributions from the canton financed all of the public hospitals expenses in Switzerland. In contrast to that, private clinics had to finance themselves by payment for treatments only, which is why they are often a lot more expensive than public hospitals but also offer more service and often include a certain level of luxury. As mentioned above, the basic insurance does not cover the costs of private clinics, which is why only people with supplementary insurance generally go there, since basic insured people would have to pay the additional costs themselves and most choose not to (Camenzind, 2015). It is important to note though, that in case of an emergency, any hospital or clinic with an ambulatory station is required to treat emergency patients regardless of their insurance type, since emergencies are covered by basic insurances as a matter of course ('Bundesamt für Gesundheit - Krankenversicherung', n.d.).

However, this definition does not entirely apply anymore since the revision of the KVG. In fact, private clinics are since then also allowed to apply for a spot on the cantonal hospital list that appoints them to treat basic insured patients but in return they will receive a

canton's contribution. At the same time, public or state hospitals have been detached from the canton and turned into more independent institutions. They have to manage themselves without the canton balancing out their financial deficiency, as it did before. The idea behind transforming state hospitals into more autonomously functioning enterprises is that hospitals would work more efficient and specialize in treatments in order to reduce their expenditures (Credit Suisse, 2013; Mossialos et al., 2016).

The term "clinic" in this thesis has two meanings. The first one is a synonym and refers to a hospital for patients with the supplementary insurance of private or semi-private, if the prefix "private" is added, the mentioned "private clinic". Furthermore, in Switzerland there are also "private clinic groups", which refer to a private corporation running several private clinics under the same name. In a broader sense, however, the term "clinic" also refers to a specialized department within a hospital or as a stand-alone establishment located outside a hospital. Thus, the "clinic for dermatology" can be part of a bigger hospital complex or also exist separately and can also be a private clinic or not at the same time.

2.3.3 Background on Current Situation

In context of the revision of the Swiss Health Care Insurance Act in the year of 2012 the framework conditions for hospitals have undergone several changes. One of these changes was the introduction of a new concept for the hospital planning and financing: the fixed-sum treatment (Diagnosis Related Group systems or DRG). The fixed-sum-treatment (DRG) was introduced to standardize the prices for treatments in all participating hospitals and clinics. Thus, the cantons evaluated the hospitals that were essential for an appropriate and efficient medical care for the population and put them on the newly introduced cantonal hospital list. These hospitals were then given a performance mandate which includes an admittance obligation to treat any patient regardless of the patient's insurance type (basic or supplementary) as well as a minimum case count of treated patients. In return, the canton offers to cover 55% for every patient who receives treatment in the chosen hospitals calculated by using a fixed base-rate for every hospital, the fixed-sum-treatment payment. All the university hospitals as well as cantonal hospitals are on the cantonal hospital list, while many smaller hospitals are not, either because they choose not to or fail to fulfil the requirements of the list. Private clinics are also allowed to apply for a spot and are granted

one, if the canton believes that they are necessary for covering the populations health care needs. ('Bundesamt für Gesundheit - Krankenversicherung', n.d.)

The new DRG system however, leads to a more competitive environment for hospitals since it is now the patient who chooses the doctors and hospitals for him or her treatment. Henceforth, hospitals are more pressured to rival for patients by means of service and quality competition. Therefore, hospitals have started to improve their infrastructure and their service in order to attract more patients, basic insured as well as supplementary insured. Especially patients with private or semi-private insurance have come even more into focus again, since they allow for a fee-for-service remuneration for the hospitals and extra payment for physicians, which ultimately means, that medical care providers get paid more for treating a supplementary insured patient (Camenzind, 2015). Since private clinics never benefited from any cantonal contribution, they have always focused on the wealthier private patients (Reinhardt UE, 2004). To establish themselves in the premium sector of health care, the private clinics had always emphasised quality of comfort, accommodation and catering services. Thus, the private or semi-private insured patients with higher expectations of service quality and extra comfort, aim at receiving medical care at private clinics, sicne their stay is covered by their insurance (Camenzind, 2015). In contrast to that, the insurance of a basic insured patient does not pay for a private clinic stay. These patients are thus depending on medical care facilities and treatments provided by hospitals on the cantonal hospital list. ('Bundesamt für Gesundheit - Krankenversicherung', n.d.)

To summarize why medical care providers argue that private or semi-private patients as well as direct-payer are more attractive: the answer lies in the payment that is given according to the DRG-system and the insurance company. Depending on the necessary medical treatment as well as the type of insurance, the payment is higher or lower. To elaborate, depending on the diagnosis, the medical condition of the patient and the severity of the injury or illness, the DRG will categorize the patient in a certain group and pay a flat-rate payment accordingly. Thus, to put it simply, a common medical condition in a generally healthy patient could lead to a payment that is higher than the coverage of the cost for the treatment while unforeseen complications can lead to a more expensive medical treatment, than is covered. Thus, it is really difficult for medical care providers, to profit from those medical treatments, since they are aimed to just cover the cost of the treatment. However, a medical treatment for a private or semi-private insured patient normally includes an extra sum which is added

to cover the additional services which are included. Often this additional money is however not needed in order to cover the medical treatment and additional services for the supplementary insured patients. To put it simply: more money is paid by the insurance company than is needed to cover the costs for treatment and services and thus those patients become more attractive. Now on top of all that, is the direct-paying patient, where the medical care providers themselves can normally decide, at what costs they want to offer a medical treatment or additional services and therefore can make sure to cover the cost and maybe even add a profit. ('Bundesamt für Gesundheit - Krankenversicherung', n.d., 'SwissDRG', 2012; Camenzind, 2015)

3 Research design and methodological procedure

The research for this thesis is embedded in a qualitative research paradigm. Qualitative research generally collects its data through fieldwork conducted by the researcher herself (Patton, 2005). Thus, the data is influenced by the researcher herself, her background and opinion, or to put this more generally, the researcher's way of seeing the world (Helfferich, 2009). Qualitative social research is thus a complex field that requires rigorous preparation and at some points inevitable decision-making for or against certain approaches. During data collection there are many different factors that influence the researcher, for example as interviewer, and the research subjects, for example as interviewees, and many decisions are made in form of spontaneous improvisation when confronted with unexpected situations.

I decided to ground my empirical fieldwork in a qualitative research methodology as qualitative methods such as interviews and observations prove to be appropriate approaches to answer my research questions. In order to understand why medical tourism in Switzerland is pursued, how it is implemented and what the challenges are which arise in the process of integrating international patients into the Swiss health care system, it is crucial to leave room for exploration, open answers and contradictions. In contrast to standardised research procedures, such as surveys for example, a qualitative research design allows for the degree of openness and flexibility that is needed to investigate the new field of medical tourism in Switzerland. In order to collect the data necessary to discuss my research questions, I considered qualitative interviews and observation as the most appropriate methods. I conducted interviews with experts in the field of medical tourism in Switzerland. The research design used in this thesis is a combination of semi-structured expert interviews (Bogner, Littig, and Menz 2014) and a qualitative content analysis (Mayring and Fenzl 2014) with a conventional approach (Hsieh and Shannon 2005). The following section elaborates my planning and reasoning for my approach as well as displays the methods I used in more detail.

Since medical tourism to Switzerland is a relatively open field, I was curious about every detail and wanted to find out how medical tourism works in Switzerland, from the role international languages play to different flows of patients into and through the country. However, it was of course inevitable to focus on something and narrow it down. Thus I determined my thematic focus on the lead question "Why does Switzerland engage itself in

medical tourism?" and established the outlines of my thesis around this question. Breaking this lead question down to smaller ones like "Who is partaking in medical tourism in Switzerland?", "Why is who partaking?" and "How is who partaking?", I developed my research questions and added the additional focus on the challenges, with which the medical care providers are confronted.

In table 3 I summarise the different research methods I employed during my research process. I also note the leadings questions and rationales that informed my research approach.

Focusing on the questions relevant for my research lead me to consider what sort of information I would actually be able to gather. Or to put this differently, I concluded that maybe there was a reason why some data, especially concerning patient numbers, patient's opinion or feedback or patient's preferences concerning treatments, was so hard to find and depicted in the media in very contradictory ways. This quantitative material has been simply neither collected nor made accessible yet. Academics also point to this problem tracing it back to discrepancies about who is counted as a medical tourist and who is not and to a general lack of collecting quantitative material interesting for the field of medical tourism in Switzerland (Connell, 2013; Hopkins, Labonté, Runnels, & Packer, 2010). Furthermore, although quantitative data collection was not my main goal, I still assumed, that having an estimation of international patient numbers as well as financial turnovers would help in analysing and understanding the importance of medical tourism in Switzerland. Unfortunately, many of my interview partners did neither know exact numbers nor preferred to keep it hidden for strategic or economic reasons. Thus, this thesis will mention the quantitative data it discovered but the will not further focus on it unless it becomes vital for the qualitative discussion of the research questions

Methods	Questions	Rationales
Print Media Analysis	Who is partaking? Analysing print media articles about medical tourism to Switzerland, as well as international patients in Switzerland but also in Germany and in Austria.	- Finding actors within the market as well as connections - Detecting challenges, concerns and criticisms from the public discourses
Internet Analysis	Who and how is who partaking? Medical care facilities such as hospitals, clinics but also companies by offering their medical care and additional services for international patients.	- Finding out what is done by whom - Finding out how medical care providers present and promote themselves as well as Switzerland as a whole
Semi-structured Guided Expert Interviews (Bogner, Littig, & Menz, 2014)	Why is who partaking? What are the challenges? Developing guideline for expert interviews, formulating open questions	- Determining thematic focus points - Considering possible outcomes and hypotheses of the thesis - Collecting qualitative data from interviewees and possibly also supplementary quantitative material
Qualitative Content Analysis (Mayring & Fenzl, 2014) with a Conventional Approach (Hsieh & Shannon, 2005)	Why is who partaking? What are the challenges? Categorize and analyse the interviews and choose samples for discussion	- Finding the different ideas or approaches concerning the treatment of international patients - Finding challenges and how they are dealt with

Table 3: Summary of research methods and approaches.

As I have mentioned before, medical tourism is not per se a new topic to academic research. However, in the case of Switzerland there were not many starting points to serve as a criterion to build on, since the medical tourism market in Switzerland has not been explored or analysed deeply and research concerning this topic is very scarce as well. Thus, in a first phase I started to identify the different actors involved in medical tourism, such as the patients, the medical care providers, the physicians, the care personnel, the guest relations, the facilitators, the intermediaries, the accommodation providers and the tourism organisations, through literature reviews. According to Connell's (2013) definition of medical tourism, a facility has to provide medical or diagnostic treatment that has to be received by

the international patient in order to qualify as medical tourism. Based on these findings I tried to find the actors occupying these roles in Switzerland.

There are many different actors, places and factors involved in the medical tourism market. A first decision had to be made about whom to focus on. Since my initial interest for this thesis was to find out what medical tourism to Switzerland looks like, I had to identify the actors and places involved in the Swiss medical tourism market. Since scientific research and information about this topic is scarce, I started with two main sources in order to craft an overview: The Swiss print media and the online platforms of relevant medical care providers. Through an extensive media and Internet analysis I was able to draft a rough overview of the situation in Switzerland and find possible interview partners. There were many media articles to be found, mostly about how medical tourism is promoted and what is done for international patients (Kucera, 2013; Scruzzi, 2015; Staat, 2009). Many medical care providers as well as companies involved with international medical tourists were mentioned as well providing a solid basis for my continuing research. At this point however, I had to carefully distinguish again what was included in my definition of the "medical" part of "medical tourism". As elaborated in the terminology in table 1, health and wellness tourism are excluded from this definition, as are plastic and cosmetic surgeries, as well as dental treatments and other less-invasive or therapeutic procedures. Distinguishing between the medical treatments was very important for me as doing this stripped me of some of my illusions about wanting to explore and illustrate the whole Swiss medical tourism market including all types if medical care within just this thesis. With a clear idea and, most importantly, a clear research question, I continued my research.

Additional to my activities above, I conducted an interview with Swiss Health, the umbrella organisation for medical tourism in Switzerland, in January 2016, hoping to achieve an initial overview of the actors and institutions participating actively in the medical tourism market according to their knowledge. After that, I used a snowball sampling method (Patton, 1990) to source new interviews based on my initial contacts at Swiss Health. The selection of further medical facilities and companies was guided by my goal to find a certain type of medical providers: those that had been interested and involved in the medical tourism market for a time, but also those that had made changes and improvements in order to pursue international patients actively. This led me to focus on medical facilities like hospitals and clinics that offer diagnostic and medical treatments. In addition to that I included private

companies that either solely offer medical check-ups, and then function as intermediaries, in case a medical intervention is needed, or only function as intermediaries without offering any kind of medical care themselves.

3.1 Sampling and Recruiting

The sampling was based on a judgment sample technique, also known as purposeful sampling, where the researcher actively selects the interviewees who he or she thinks to be the most appropriate to answer the research question (Marshall, 1996). Based on my own knowledge and observations I thus decided who would be an ideal interview partner during this process. As a consequence, it is well possible, that some potential interview partners were not included although they could have held valuable information. In this process I also concluded that a focus on the German-speaking part of Switzerland was necessary due to the language-barrier for French and Italian. The following three paragraphs illustrate, how my judgment influenced the choice of interview partners and give an understanding for my reasoning.

When deciding on hospitals I wanted to include in my analysis, I chose medical care facilities which were well known for their good reputation as well as their wide range of medical specialisation, meaning that they offer medical treatment for a wide range of different injuries and diseases. The university hospitals were thus my first choices since I knew from my preliminary print media and internet research and analysis, that they all had international offices specifically for their international clientele. The university hospitals were especially interesting since they combine research, teaching and practice, and I assumed that this would increase their international reputation. However, the university hospitals also have a clear mandate to provide health care for the Swiss population since they are on the hospital list, which I expected would lead to some tensions or challenges with their medical tourism activities. Since the university hospitals treat patients with basic insurances, supplementary insurances such as semi-private and private, as well as direct-paying patients, university hospitals are interesting candidates to find out how international patients are implemented.

Compared to other countries, private companies focussing on check-ups or intermediary functions are still scarce in Switzerland (E. Cohen, 2008). But private companies which offer only medical check-ups are of particular interest because diagnostic and preventive medical check-ups seemed a quite common demand from international patients in general (Connell, 2013). Furthermore, compared to hospitals with a performance mandate, private companies, be it for check-ups or intermediary services, can freely focus on international patients and thus, I conclude, would probably have more experience and information regarding the medical tourism business in Switzerland.

Next to hospitals and private companies there are also the private clinics. Private clinics are of course interesting, because of their establishment in the premium sector of health care in Switzerland. Since quality was deemed such an important factor for international patients coming to Switzerland, I expected that private clinics are also strong competitors in the medical tourism market since their services and accommodations have always been on a high level. Unfortunately, all the private clinics I contacted were in general quite secretive and protective of their businesses. I experienced great difficulty reaching out to them and most were not interested in sharing their experiences or contributing to my research project. Ultimately, I was able to communicate with one private clinic in Switzerland.

In order to draw a sample of interview partners from the hospitals, clinics and private companies I had chosen, it was inevitable to decide beforehand how I should define the actors that are relevant for my research. I want to know the following: why do Swiss medical care providers seek international patients? How are international patients perceived, attracted and implemented in the health care system? What are the challenges of medical tourism for Switzerland and for the Swiss medical care providers?

In order to answer these questions, I needed to gain access to interviewees who either interact directly with international patients or are indirectly involved in attracting and implementing them. The selection of interview partners allowed me to ensure, that the interviewees had their own experiences and observations about the international patients and the medical market in Switzerland. On this basis I also hoped to be able to find out how interviewees imagine international patients and what ideas or maybe even prejudices exist. Thus, I selected my interviewees according to the following two criteria. Firstly, the interview partner works at a company or medical facility that promotes and advertises itself or its

services in any way to specifically target international patients and are thus actively involved in the medical tourism market. Secondly, the interview partner herself or himself is involved with international patients either directly (care staff, guest relations) or indirectly (marketing, administration, consultation office). The goal of these criteria was to identify the people who would most likely have the answers that I sought after.

Originally I had planned to conduct eight to ten interviews within University hospitals, four to five with private companies that focus mainly on international patients and four interviews with private clinics of at least two different private clinic groups. The idea was to cover the public hospitals extensively since I expected there to be the most challenges because of the mentioned performance mandate. On the other hand, I expected private companies and private clinics to be far more advanced and experienced with medical tourism and have far higher numbers of international patients. At the same time, I assumed, that they would be more reluctant to share knowledge and experiences since this was a far more important business for them than it was for hospitals that were financially backed by the canton.

However, although I was aware of my high expectations concerning the number and distribution of interviews, I was still surprised by the high number of refusals I was faced with. I lost a lot of time persuading or waiting for answers from highly desired interview partners from private clinics and private companies, so that ultimately I did not have enough time anymore to find alternative replacements. In many cases the interviewees were also booked for weeks so I had to wait a long time to even get an appointment and thus I was under increasing pressure due to the time limit for finishing this thesis. Due to these constraints and my underestimation of the difficulty in establishing contact and receiving access, I had to reduce the number of interviews from the planned 15 to 20 to twelve.

3.2 Interview Guideline

While I already had some vague ideas about medical tourism to Switzerland from the print media and internet analysis, the purpose of the interviews was to confirm and investigate these ideas as well as to collect new data. The basic rationale for my interviews was to understand medical tourism from the perspective of the medical care providers in Switzerland. As my interview partners were mainly chosen because of their experience and

knowledge concerning the topic of medical tourism in Switzerland, the interviews fall into the category of expert interviews (Bogner et al., 2014). Expert interviews seek to access the interviewee's knowledge and experiences that result from personal interactions and a person's functional status. The interviewee's background or life details were thus never of interest in a bibliographical sense. However, their role as representatives of an organisation or company was of course vital due to their access and experience connected to it.

For the interview itself, I decided early on that I needed a guideline for my questions. On the one hand, my research questions are too broad to cover all relevant details. On the other hand, I was an inexperienced researcher and was hoping that the guideline would help me keep my focus. Thus semi-structured interviews with a guideline seemed the ideal choice (Longhurst, 2003).

The new challenge for the interviews now was to find out what questions I had to ask to gain the information I needed. Due to my research on the topic I did have a number of assumptions as to what the answers could be. Thus I built deductive categories based on those assumptions. Since I had already formulated my research questions I knew what my aim was, but I still had to formulate specific questions which I could ask my interviewees. Furthermore, when formulating these questions, I as the interviewer had to be aware that the questions themselves can already influence the interviewee (Helfferich, 2009). In order to influence the interviewee as little as possible, the questions had to be understandable, open and non-suggestive.

In order to cover the breadth of my research topic and to minimise the chances to miss important details, I structured my questions into four main categories covering the organisation per se, the international patients, the activities for promoting medical tourism, and medical tourism in Switzerland. Within these categories I formulated sub-questions and keywords which would help me to stay on the right track during the interviews. Additional to the four categories, there was the question about the challenges of integrating international patients in the Swiss medical health care system. Since challenges could arise in any of my categories of questions, I decided to not formulate a separate category for challenges. Due to the very differences in the organisation and the clientele of hospitals, private companies and private clinics, the interviews had to be constantly adapted. This was of course also the case for the different interviewees who did not have the same professions

within the medical tourism field. There were doctors, patient managers, marketing strategists and heads of companies and organisations who all had their very own special knowledge and experience. It was thus vital that I recognised these differences and adjusted the focus accordingly. I thus did not use the exact same guideline through all of the interviews. An example of one of my interview guidelines can be found in the Appendix SECTION.

A total of twelve interviews were carried out over a period of three months one of which was a written statement. In general, the interviews lasted between 45 to 75 minutes with two exceptions lasting for 35 minutes. I transcribed all of my interviews and all of the interviewees agreed to be mentioned with their real name. Although allowing me to mention them in my thesis, several interviewees made requests to keep part of the conversation off the record. Knowing things that I was not supposed to share was difficult, especially because some of the information that interviewees revealed off the record would have been helpful in answering my research questions. However, even though I was not allowed to share certain information, the knowledge about this information still helped to get a better understanding of the situation and draw more accurate conclusions to certain questions.

3.4 Introducing the Interviewees

3.4.1 Promoting the Swiss Health System: Swiss Health

Swiss Health was founded by Swiss Economic Enterprise and Switzerland Tourism with the goal to promote and export the Swiss Health System to other countries in form of Medical Tourism. The organisation is non-profit and is funded by the participating medical health providers that count to 28 members as of 2016. The head of Swiss Health, Andrei Reljic, explains, however, that Swiss Health is not an intermediary organisation but a marketing and promotion organisation. Thus, Swiss Health can only inform people about Switzerland's outstanding health care but does not directly sell anything. The idea behind Swiss Health is to promote the Swiss Health System as a whole and make use of its great potential. Swiss Health does actively participate in medical conventions and exhibition, organise information days in foreign countries and also invites partners or potential partners to Switzerland to show them the medical and health providers as well as the beauty of the country. At the same time of course, Swiss Health also supports and represents its member's interests by regularly

visiting and exchanging information. As the head of Swiss Health, Andrei Reljic is thus well informed on all topics surrounding international patients in Switzerland as well as the changes and shifts in the transnational health care market in general, which made him a knowledgeable interview partner to get an overview of the situation in Switzerland.

3.4.2 University Hospitals: Zurich, Bern, Basel

University Hospitals in Switzerland are public hospitals and primarily offer medical care to the Swiss population regardless of patient's insurance type. Additional to providing medical care, university hospitals are also research and teaching facilities, which allows them to develop and invent new methods and produce cutting-edge medical knowledge. University hospitals in Switzerland enjoy very high recognition and reputation on a national as well as on an international level.

Zurich

The university hospital of Zurich is located right next to the main buildings of the university of Zurich and the Swiss Federal Institute of Technology in Zurich (ETHZ) in the centre of the city of Zurich. The canton of Zurich, which includes the city and surrounding areas, is the most populated canton of Switzerland with almost 1.5Million inhabitants (BfS, 2016). My interview partner Patrick Dreher is the head of the international office of the university hospital. The international office supports and assist international patients with the organisation of their stay and also during their time in Switzerland. Thus, Patrick Dreher is in direct contact with international patients but also knows about the administrative structure the patients are imbedded in.

Bern

The canton of Berne has the second biggest population of all cantons with a bit over 1 Million people. The canton of Bern also holds the city of Bern which is the capital of Switzerland (BfS, 2016). The university hospital of Berne, more often referred to by the name Inselspital, has an international centre (Insel International Center, IIC) dedicated to help international patients organise their stay. The head of the IIC, my interview partner Goran Atanasovski, is mainly involved in administrative tasks, but through regular contact with patient

managers and his long-term employment at the Inselspital he has a lot of experiences and observations to share.

Basel

The city of Basel is located at the border triangle of Switzerland, Germany and France. Thus, the hospital has a long tradition of cross-border patients from the two neighbouring countries. The international office assists and supports international patients with the organisation of their stay and also during their time in Switzerland. My interview partner Simone Rüdlin, the head of the international service at the university hospital in Basel, used to work at a German hospital in a similar position before and thus possesses a lot of experience and knowledge about the needs and preferences of international patients going to Germany and Switzerland.

3.4.3 Intermediary and Service Platform: Premium Switzerland

Premium Switzerland is an intermediary service platform that was founded by my interview partner Peter Zombori about ten years ago to address the demands of wealthy Swiss Bank clients. He made the observation that many of his friends who were working for Swiss Banks were often asked by their clients for advise on a lot of things outside their area of knowledge and responsibilities. The clients were interested in vacation planning, educational advice for boarding schools for their children and recommendations for medical care in Switzerland. According to Zombori, many of the bankers were overburdened with all these inquiries and so Zombori had the idea to establish a service platform which would focus on these special demands from international clients. Thus Premium Switzerland was founded with three main pillars of services: vacation, education and medical care. At first Zombori and his team focused mainly on bankers and their clients but since the business model proofed successful they started working together with Switzerland Tourism and launched their own internet platform for Premium Switzerland as well as a second platform for Premium Europe which are both freely accessible to anyone. Premium Switzerland understands itself as essentially an intermediary who sends the international clients to the doctors and institutions that best suit their needs. As an interview partner Premium Switzerland Peter Zombori holds valuable information about the overall development of medical tourism in Switzerland.

3.4.4 Private Medical Centre: DoubleCheck

DoubleCheck is a medical check-up and second opinion centre with intermediary functions and was founded in 2008 with the goal to facilitate the access of Swiss medical care to international patients. DoubleCheck intends to centralise the medical check-up in one place in order to ensure a comfortable and safe environment for the client. Thus, medical tests can be run thoroughly and efficient instead of going to a hospital where the treatments might be more scattered and take longer. Furthermore, DoubleCheck also works closely together with the University Clinic of Zurich and other partners to give their clients access to leading medical experts. My interview partner Dr. Andreas Brauchlin, the current CEO of DoubleCheck, has a lot of insights to share about the medical market in Switzerland and knowledge and experience concerning the needs and demands of international patients.

3.4.5 Lucerne Health

Lucerne Health was founded as a localised version of Swiss Health. Instead of advertising the Swiss Health System as a whole they focus on the hospitals and hotels of the city and region of Lucerne. Lucerne Health is a non-profit organisation that combines the three different areas hotel, tourism and medicine in one. While their main goal is of course to bring international patients to Lucerne, they are also trying to blend the medical part with the hotel stay and maybe a little vacation for the patient or their relatives who accompany them. At Lucerne Health I talked to COO Ruth Sidler, who is responsible for administrative and organisational tasks, and guest relations manager Romana Wiederhold, who interacts directly with international patients.

3.4.6 Tourism, Hotel and Medicine: Grand Resort Bad Ragaz

The Grand Resort Bad Ragaz is a wellbeing and medical health resort that consists of two 5-Star-Hotels, a Thermal Spa and a Medical Health Centre. According to my interview partner Mirjam Meier, the director of sale from the Grand Resort Bad Ragaz, the resort started as a recreation and luxury resort and only extended their medical competence later. Today, the resort perceive itself as somewhere between being a wellness resort and a private clinic. It all started with the thermal water of the Tamina thermal spring that were used in the bathing culture for hundreds of years for its healing powers. Meier recounts that it was not

until 1950 when the resort actually started to involve doctors and started focusing on the medical aspect rather than just on the wellness. Thus it does not surprise that their strongest points next to check-up examinations and diagnostic, are in fact rehabilitation, orthopaedic therapy and rheumatology. Since 2014 they also have a full-functioning stationary clinic for rehabilitation purposes. However, they do not have any operating rooms for invasive surgery at the resort, since they are not a hospital in the end, as Meier explains. In general, it is very important for her to stress that they are neither a hospital nor clinic but a first and foremost a resort. The clients should not feel as patients but as guests, so they can relax and forget about the actual purpose of their stay.

3.4.7 Research and Medicine: University Clinic Balgrist

The University Clinic Balgrist is an orthopaedic medical centre with a focus on the musculoskeletal system located in the city of Zurich. As the hospitals website explains, the Balgrist Clinic enjoys a very good reputation as a leading centre for treating all types of musculoskeletal injuries due to its combination of specialised medical services and its interdisciplinary network of highly skilled physicians.

As a part-time worker in the technology department, I had some knowledge about the business with international patients at Balgrist prior to my empirical research. My professional involvement at Balgrist also made it easier for me to identify suitable interview partners and to get access to them. I initially conducted an interview with Jasmin Eppacher and Cornelia Goller, the two guest relations managers at the Clinic, who are responsible for looking after all private and half private insured patients at Balgrist including the international patients. Later on, I also conducted an interview with Professor Christian Gerber, the medical director and head of surgery at the Balgrist Clinic. Professor Gerber has treated patients from al. around the world due to the fact, that he is a renowned specialist for shoulder and elbow surgery as well as a researcher in the same field.

3.4.8 Private Clinic Group Hirslanden

The Hirslanden Group is the largest private clinic group in Switzerland and operates 16 clinics throughout the country. Founded in 1990 through a merger of several private clinics, most of which were situated in Zurich, the Hirslanden Group has grown and expanded its

business ever since. In 2013 the Hirslanden International was founded with the goal to pool all request of international patients at one single point of contact. All administrative and organisational tasks were thus taken over by Hirslanden International to relieve the clinics. Due to this organisational structure, much of the information relevant to my research about the international patients is never passed on from Hirslanden International down to the clinics. Instead, the clinics only receive the information necessary to fulfil the requests of the patients during their stays and the patient's medical details needed for appropriate treatment.

Despite the separately managed organisation of the Hirslanden Group, my interview partner Corine Miklo, the head of the guest relations at the Hirslanden Clinic Zurich, has a lot of experience about medical tourism in Switzerland due to her constant direct involvement with international patients. In addition to the interview with Miklo I also received written comments to my questions from the Hirslanden International Office that helps me in understanding how Hirslanden attracts and imbeds international patients.

3.5 Interviews: difficulties and thoughts

There is a lot of literature from very different fields of research which discuss how the type of question and the way questions are posed or formulated can influence the answer of an interviewee (Bogner et al., 2014; Cassel, Roebers, & Bjorklund, 1996; Conway & Peneno, n.d.; Helfferich, 2009; Ritchie, Lewis, Lewis, Nicholls, & Ormston, 2013). When conducting my first few interviews, I felt very insecure conducting interviews and made a lot of mistakes in the process. I, for example, asked a lot of suggestive questions (Helfferich, 2009) either because I was afraid the interviewee would not understand the questions or in order to help him or her in answering my questions, when he or she took a moment to think. These presumptuous and suggestive questions certainly influenced my interview partners a lot and having gone through a reflection of my empirical research process now I would like to go back and hear what my interviewees would answer if I would not have intervened while asking. As depicted in table 4, where I illustrate with one question example how a suggestive question shapes the interviewees answers, avoiding suggestive questions renders much more nuanced answers. Ironically enough, even after I tried very hard to not repeat my mistakes,

I started a new bad habit. After having conducted three to five interviews I felt that I knew a lot more and sometimes asked very specific questions making assumptions based on what I had learned before. On the one hand the questions were better and I could get more detailed answers, but on the other hand I did not let the interviewee tell me what he or she thinks and feels. By giving the interviewees a plate to pick from, their answers were influenced by the choices I gave them. In the process of critically reflecting on my way of posing questions I also tried to avoid direct questions (yes/no answers) or repeated questions, which can give the interviewee a feeling of having to give a certain "correct answer" (Loftus, 1975).

Besides asking suggestive questions I also noticed, that a lack of knowledge inhibited or influenced the quality of my questions at the beginning. Although I thought I had tried my best to learn everything I could from literature review, print media and internet analysis, there still were many aspects, that I had not considered before I was suddenly confronted with them during an interview. Asking questions about things, one does not know about is not only difficult, it also influences the quality of answers from the interviewees.

Suggestive question	**Improved question**
What is the classic medical tourist like? Like the ones who come to Switzerland, they are often said to be very wealthy Russians or Arabians or from China. What do you think?	The medical tourists who come to Switzerland, what are they like? (Are there different types of medical tourists coming to Switzerland?)
Answer: the focus is on origin countries and finances of the medical tourists.	Answer: the answer is a lot more based on the experiences of the interviewee and not on the ideas suggested by the interviewer
Critic: the interviewee who wants to answer the question focuses on the hints that are given and not necessarily on his or her own experiences and observations.	Critic: the questions suggest that there is only one type of medical tourist who comes to Switzerland, when in fact there are more. Questions could be improved by suggesting different types or just asking

Additional questions are needed to check for further information.	whether there are and then build on the answer to that question.

Table 4: Influence of suggestive questions.

Apart from the suitability and the quality of my questions, many other aspects influenced the interview setting and thus my interview partner: my physical appearance, the surroundings, the fact that I said I was from university working on my master thesis and of course the presence of the recorder on the table. Even though these and many more things had an effect on the interview situation, I maintain that, as the focus of this thesis and of the data analysis is mainly on the information and knowledge conveyed through the interviewees, different interview settings would not have altered the information that my interviews shared with me.

3.6 Data Evaluation

After having finished my data collection I saw myself confronted with the task to find a method for analysing my material that would be able to evaluate my transcribed material from very different interview partners from different backgrounds who answered very differently to the same questions I asked them, without trying to weigh any answer more than the other. This was important to me as just because four people said one thing does not mean that an answer of one person who said something contradictory is worth less.

A qualitative content analysis (P. D. P. Mayring & Fenzl, 2014) offered me everything I needed to distract and find the information relevant to answer my research questions. However, I did not like the strict structure of the process of a qualitative content analysis. Although I did use a deductive approach when formulating my interview questions, I wanted my data analysis to be as open as possible in order to avoid too many presumptions. I thus chose to employ a conventional content analysis (Hsieh & Shannon, 2005) which is similar to the inductive content analysis (P. Mayring, 2000). in not using preconceived categories of expected outcomes but instead building on the information that flows from the data (Kondracki, Wellman, & Amundson, 2002). Conventional content analysis is often used for

research without much existing literature to base assumptions on (Hsieh & Shannon, 2005) as it is the case with medical tourism in Switzerland. Furthermore, the use of this method allows the researcher to be open for new insights which could emerge from the data (Kondracki et al., 2002) and is thus commonly used in many qualitative research methods (Hsieh & Shannon, 2005).

Therefore, in a first step, I read through my transcripts without having prepared any categories beforehand. Reading carefully through the transcripts one after the other, I made notes and wrote down my thoughts as is recommended in order to have many different ideas for the interpretation after. I related topics to each other and made categories based on the information and focus, that my interviewees deemed important (Hsieh & Shannon, 2005; Kondracki et al., 2002).

After extracting the information this way, I categorized the data based on its content to the research questions, according to their information and help of answering them (Meuser & Nagel, 2009). This step of choosing the data I needed to answer my questions was the hardest of them all. It was also a step where I thought that I influenced my own data the most, since I was the one who ultimately deemed parts of it "good" or "bad", "useful" or "useless" to answer my research question. Nevertheless, I tried to include as many aspects as possible, since I believed that the variety of different opinions and experiences were just as important as the number of times different people expressed the same things.

After I had derived my categories based on the information from my data, I read through the transcripts again and searched now specifically for data connected to these categories (P. Mayring, 2000) and added them to the extracted data that I decided to use.

In the last step, I analysed the data in each category in order to discuss their content and my interpretation.

3.7 Notes on Discussion

The interviews had been conducted either in German or Swiss-German dialect. Therefore, the citations used in the discussion have been translated to English by myself in order to facilitate the access for readers of other languages. To make sure, that none of the original meaning was lost, I kept the original citation in German at hand. Thus, I could verify that

my translation did not alter the content or change the interpretation of the interviewee's statements. However, in terms of gender-neutrality it has to be mentioned, that within citations the third person singular of patient is normally referred to as "he" and not "he or she" since the word patient in German is masculine ("der Patient"). For the sake of simplicity and also in order to not distract the reader's focus from the main subject, I chose this exception for the citations only.

4 Discussion

Validation and consistent outline of the results in respect to the content

In order to answer the research questions of this thesis, I structured the empirical data as following: First, I will explore the reasoning of the interviewees for seeking international patients and what expectations the interviewees have from medical tourism and from the international patients. Second, I will look at what is done for international patients and how they are imbedded in the Swiss health care system. Third, I will examine the main factors which attract international patients. Thereby, I will first focus on Switzerland as a medical tourism destination and then on the medical care facilities within. Fourth, I will show how different and unexpected challenges arise and how they are handled in different ways, sometimes by exploring the ethical reflections of the interviewees.

4.1 Expectations of Medical Tourism in Switzerland

4.1.1 Creating profitable business

One of the big expectations of medical tourists, is that they go to their destination country to get treated and then spend a lot of money in hotels, restaurants and on shopping trips and thus generate a great turnover for the whole area (Carrera & Bridges, 2006; I. G. Cohen, 2014; Connell, 2006). There is no quantitative data available as to how much the turnover of medical tourism in Switzerland actually is, although there are estimations from different sources that vary from 700million to 1 billion Swiss francs (Kosmal, 2011; Scruzzi, 2015; Uebersax, 2011). Many of the interviewees have also expressed this expectation and believe that others benefit from the international patients.

> *It is probably a good thing in any case, because they go and buy watches and – I haven't seen it myself but I know that they buy things because they tell me "we were in Zurich in a shop and bought stuff for 6000 Swiss Francs!"*[1] *Then they are going to travel, they*

[1] Quotation marks within citation are used to signal indirect, quoted speech

> *go to Geneva for two days, then they go to Bern or somewhere around here, and they do leave money here, when they come.* (I.8, 123)

The interviewee describes an experience she had with several international patients. The patient told her about a shopping trip to Zurich where apparently a lot of money was spent. Furthermore, the interviewee describes how the international patients she knows often travel within Switzerland for a couple of days. The "good thing" she refers too, is that an international patient coming here for treatment, is always a "good thing in any case" because they pay for their treatment and sometimes they also spend money additionally though shopping and travelling. Later on she adds:

> *Yes, Switzerland Tourism, they are of course happy if we have patients. Because from a tourism perspective it is interesting and also attractive, when they stay at our hotels, go shopping in Lucerne or go to a concert here. I am convinced that a lot of money is spent, but we don't really know about that.* (I.8, 246)

It seems obvious for the interviewee that the patient is not just staying at the hospital for his medical treatment but also using and enjoying other activities outside the health care environment. She hints, that those activities are the reason the tourism industry is interested in medical tourism but also points out the problem with the tangible data in the field (Connell, 2013).

Another interviewee mentions further benefits from engaging in the medical tourism business in general:

> *I think the health system in Switzerland is an immensely good export, that we can sell interior of the country. Which makes it a really interesting industry. I mean in the end we can just motivate people from outside to come here and collect our services, which we are de facto exporting. In this sense it is certain that, since we have the valences and the competence, we would be really damn stupid not to use it.* (I.12, 241)

The Swiss health care system is one of the best in the world (Widrig, 2015). With a high density of hospitals and practising doctors, the thing we "export" is basically already here. The only thing to do is therefore to bring the patients here through motivation and marketing. The interviewee explains, that engaging in medical tourism is actually very easy,

since everything that is needed is already there. He also points out the additional benefits from his point of view:

> *And then they call us and we gladly treat them and in the end, those are the patients, who indeed from a purely financial perspective, bring the hospital and also often the region, a profit.* (I.12, 67)

The use of the term "purely financial perspective" is interesting here because it illustrates, what most interviewees understood about the beneficial side of medical tourism. I never asked the interviewees, what the financial aspect of medical tourism was. Instead, when asking them about why they or their organisation engaged in medical tourism, the answer automatically had to do with the financial aspect. However, it is very difficult to measure what the benefit of medical tourism is. Certainly, most hospitals know, if they treated an international patient and can thus count and calculate the money the patient spent in the hospital. As to what they or the person who accompany them do outside of the hospital, no one can really know, even if it is not just the interviewees who made clear suggestions about shopping trips and sightseeing (Hopkins et al., 2010; Horowitz & Rosensweig, 2007). The money spent in shops, restaurants and on tourist attractions is practically impossible to measure since one cannot tell if a customer is a medical tourist or not.

4.1.2 The wealthy patient

The assumption that the international patient spends a lot of money is seems to be related to the image they have about the medical tourists who come to Switzerland.

> *Usually those very, incredibly rich people, who come here, often accompanied by an entourage, they are certainly also beneficial for the city, for the restaurants, for the bijouterie, for whatever, I assume, they spend a lot of money everywhere, not just with us.* (I.12, 79)

The "incredibly rich" medical tourist who travels with an "entourage" is also an image that is most often used and discussed in the media (Giordano, 2011; Kucera, 2013; Lutz & Guggisberg, 2013). The interviewee most likely refers to the wealthy Arabian patients who are said to often travel accompanied by their family. Furthermore, the interviewee assumes

that "they", meaning not just the patient but his entourage, are spending a lot of money. This makes sense of course, since the patient themselves might not be able to go on a shopping trip depending on their medical condition.

However, although this image is quite present in all the interviewees mind, it was pointed out several times, that those are not the only medical tourists who come to Switzerland:

> *But this clientele is not the mass clientele. It's the high class who can afford it. Of course there are still enough of them. But we still have to try that we get the average, the middle class as well.* (I.3,579)

Since health care in Switzerland is very expensive compared to other countries, the only people who can afford it, are the wealthy "high class". When mentioning that this high class is not the mass clientele, he was referring to the fact, that there are not that many very wealthy medical tourists who would consider to be treated in Switzerland. Furthermore, the interviewee points out, that even though there are "enough of them" to have a functioning medical tourism market in Switzerland, the goal should be to also involve the less wealthy middle class, since that would increase the number of international patients. However, there was a clear divide between the university hospitals and the private companies concerning the wealth of their international patients.

Other interviewees also point out that they do not just have the "high-end clients" but the middle and upper class as well. They explain that for example the middle class from Russia can still afford to be treated in Switzerland:

> *Yes, of course, it's not just all high-end. The other's come too but then they don't stay at the 5-Star-Hotels. They prefer cheaper places, like an apartment or so, maybe a 3-Star-Hotel.* (I.8, 95)

Especially in university hospitals the number of international patients is thought to be mostly from the middle class. But what does middle class even mean here? The interviewees explained, that the middle class or lower upper class, were patients who could afford to be treated here, but who still had to watch their expenses. In contrast to that, the "high-end", "very wealthy" or "high class" patients mentioned above, were people who could afford to be treated in Switzerland and on top of that stay in 5-Star-Hotels, fly around in private jets and just generally live in luxury. Furthermore, especially the private companies explained, that

the clientele who contacts them are normally not from the middle class, but the very wealthy upper class.

4.1.3 Where the patients are from

The origin country of the medical tourists is a very interesting topic since, once patterns are discovered from what countries most international patients are from, it is possible to ask the question as why that is. In this short chapter, I will try to only present my findings while the discussion about why or how this has developed will be discussed later on.

The difficulty with this particular data of origin of medical tourists is, that many of the interviewees were not allowed to give me the exact number of patients or percentage of origin country. However, in order to give the reader an idea, I tried to put together all the information I was able to gather. It is however important to remain cautious since I can point out the most named origin countries in percentage, but not the number of patients who actually come from there. Furthermore, some of the interviewees made a difference between actual country of origin and language spoken. Thus, when talking about Russian speaking patients it would include not only Russia but Belarus, Kazakhstan, Kyrgyzstan, Tajikistan and some regions of Georgia and Ukraine which still have Russian listed as an official language (UNstats, 2016). On top of that, there are also ex-Soviet Union countries who use the Russian language for interethnic communication (Lewis, Simons, & Fenning, 2016). A similar problems arises with Arabian Countries which normally refer to the countries on the Arabian peninsula but sometimes the interviewees meant countries where Arabic is an official language which would include 25 countries from Northern Africa and Middle East (UNstats, 2016). This uncertainty about which countries are included has to be kept in mind when the interviewees speak of Russian patients or Arabian patients.

In general, it should be mentioned, that the university hospitals were more generous with their quantitative data. They said, that it was important to be open and transparent as a university hospital since they had an obligation to the Swiss population. In contrast to that, the private clinic and private companies were a lot more protective of their data and explained, that to them the international patients were an important if not the most

important part of their business and thus they had to protect their business strategies including the patient's information of origin for marketing reasons.

At the USZ, the most international patients are from the bordering countries such as Liechtenstein, Germany and Italy. Those neighbouring countries make up for roughly 60% of all international patients. Next up is 21% from other European Countries and then about 8% each from Russia and Arabian Countries. The remaining 4-5% are from other countries in Asia, Oceania and America (North and South America). A similar situation is described by the other two university hospitals. The university hospital in Basel explains, that there are many Russian patients coming at a steady number while the number of Arabic patients are fluctuating a lot. The interviewee agrees and adds that most of the patients from Hirslanden Zurich are from Russia and Arabian countries as well but that she does not know about the other Hirslanden clinics or private clinics. At the Grand Hotel Bad Ragaz, there are 17% of international patients from Germany and 16% from Russia, followed by Middle Eastern patients and other countries.

A different picture is drawn by the private companies who estimated about 60% Russian speaking patients, 30-40% Arabian speaking and the rest are mainly Asian, mostly Chinese. It is interesting, that there seems to be such a difference between the origin of patients who go to a university hospital and the ones who go to a private company. An explanation could be, that the private companies established themselves in the luxury segment and thus the clients who choose such a facility over a university hospital might have higher demands for additional services and amenities and are willing to pay for them.

4.2 Alignment towards international patients

4.2.1 Contact point for international patients

All the interviewed are part of a formed a branch, group or team for the assistance and support of international patients within their organization. In case of the university hospitals, where the care and responsibility of the Swiss population comes first, a small group of 2-5 people was formed either way to tend to the special needs of international patients. These international offices are often imbedded in the marketing team and their main job is coordination, administration and consultation. Therefore, part of their responsibilities is

replying to request and inquiries from international patients as well as the organization of the patients stay in the hospital and assistance for additional needs like visa or tourism. This only includes elective patients: patients whose arrival and medical care is planned ahead through requests and with fixed dates and therefore excludes emergency patients, who are treated as every other emergency patient is regardless of their nationality.

Having international offices as single point of contact is not a help for the international patients but also for the medical care providers. By channelling the requests of international patient to a place, where there already is existing knowhow about how to handle direct-payers, international insurances, language barriers and others, the rest of the facility is relieved from this sort of work. Additional to that, the facilities have a better overview about the international patients and can start building networks and focus their marketing accordingly. After all, in order to be attractive for international patients as a potential medical care provider, it is vital that the patient has access to the information he or she needs for planning their stay and deciding on a destination (Crooks et al., 2010; Glinos et al., 2010). Thus a first measure taken by all the medical care providers or intermediaries I talked to, was translating their websites or brochures to different languages. The focus on languages was English, French, Italian, Russian and Arabic. Some of them also offered Mandarin. The choice of languages offered also mirrors the focus group according to the origin country. While German, French and Italian are on one hand the official languages of Switzerland as well as the neighbouring countries official languages, the choice for Russian, Arabic and Chinese is driven by the market focus on potential patients from these countries. The providers also make sure that there are people in their teams who speak the languages or that they have translators ready for the languages not covered so they can consult and communicate with the international patients. An interviewee explains:

> *No, we do have multilinguals. We cover several languages here. Like German, French, English, Italian, we have Serbo-Croatian, Bulgarian, Spanish, a lot of languages, that we cover, which is important since we are a service in the end.* (I.2 78)

The “multilinguals” are the members of the team who can speak several languages. There is a specific awareness noticeable that there has to be something done or something offered specifically in order to convince international patients to come to Switzerland. By saying “since we are a service in the end” the interviewee makes it sound self-evident, that

something has to be provided to make it easier for the international patients to gain access to information and ultimately to the medical care at the facility.

Another service aimed to attract international patients but also private or semiprivate insured patients, are the "patient managers" or "guest relations manager". The term "guest relations manager" originated from the hotel and tourism industry and I have been told by an interviewee that the idea of the converted term "patient manager" was actually derived from it as well. The task of those managers is to take care of the patients' needs and wishes outside of the medical care range and also helps them with questions and problems that they have. An interviewee explains:

> *When the patient arrives, we are trying of course to take our time to receive the patient and welcome him, look at everything with him. And when the patient is brought to the station, don't just hand him over to the next person who will hand him over to the next person and so on, no, we make sure that preferably it is always the same person. I find that very important, it gives the patient a safe feeling (…).* (I.2, 158)

The interviewee also explained, that international patients need a different type of service and assistance than Swiss Patients, starting with the language to the more specific counselling about the procedure and also payment details, since many of them are either direct-payers or have an international insurance which might not cover everything. What is important here is, that the patient feels comfortable and "safe". According to the interviewee this feeling of safety and comfort can be induced by the patient manager by being like a companion and single contact person for the patient to rely on. Again we find this realization that a service seems very important although it does not directly improve the patients' medical condition, which is ultimately why a patient is committed to the hospital or clinic in the first place. Additionally, this is something that apparently had to be improved from the situation before, where the patient was "handed over" from one person to another.

A similar procedure is applied at the private clinic. When the guests arrive they normally wait at the entrance lobby until they get picked up. While the basic insured patient does not get picked up at all by anyone, the private or semi-private patient is picked up by the private clinics hotel staff and the international patients is picked up by the guest relations. The interviewee explains this division as followed:

> *There are different reasons (to why this is like that)*[3]*. Mostly it's just because they are more complex. Often there is automatically a translator there. Not always but mostly. And then it's just easier, because we (guest relations) are at the interface between translator, hotel staff, we are really close to the organisational area.* (I.10, 48)

The international patients are described as "more complex". This could be either because they have more demands or solely because of the language barrier, which the interviewee points out when mentioning the translator. Since the guest relations managers are more involved in the organisation than the hotel staff of the clinic, they are automatically the ones who take up the task of the "complex" international patient. It appears in general that there is growing desire from all medical care providers to improve and ideally optimized their services which can be understood as an indication of the new understanding of patients as clients.

Another interviewee adds:

> *International patients have different needs than Swiss patients and this is why they need additional support. (…) for this you need language skills, internal knowledge but also intercultural knowledge.* (I.1, 275).

These different needs start with the first consultation. Most of the interviewed medical care facilities have established a 24h-availability for International Patients in form of an on-call service because depending on where in the world someone lives the time difference might lead to night calls. On top of the before discussed language requirement, the interviewee adds internal and intercultural knowledge. By "internal" he refers to the fact, that the processes and structure of Swiss medical care facilities are sometimes very different than what the international patient is used to. These things have to be explained to the patient as well but first, one has to know, what the differences even are. Additional to that, there are cultural needs of religious nature or also food preferences. In Switzerland the hospitals have so far been oriented on the Swiss patient's needs. In order to take care of an international patient, the interviewee explains, that additional knowledge is needed and then applied accordingly.

[3] Information in ( ) is always translator's note

4.2.2 Patients as clients

That patients become more demanding concerning not only the quality of the medical treatment but also concerning the service around their hospital stay, is a change that has been observed worldwide (Glinos et al., 2010). Thus, this transition of the understanding from patient to client from the medical care provider's site is believed to be a consequence of the globalisation of the health care market in general (Carrera & Bridges, 2006; Horowitz, Rosensweig, & Jones, 2007). In the case of Switzerland the reason for this change of thinking related to Swiss patients is partly caused by the revision of the KVG as well, where the free hospital choice for the population was introduced ('Bundesamt für Gesundheit - Krankenversicherung', n.d.). With the Swiss patients being able to choose where they want to get treated, things like reputation, image and service suddenly became more important. Additional to that, the introduction of the DRG-system lead increased the competition for private or semi-private patients ('SwissDRG', 2012). Or as an interviewee tried to explain:

> *The patient becomes independent, he becomes autonomous and he knows, he wants to educate himself, he can decide for himself. (…) It has a certain independence and self-confidence as well, so that we can no longer see the patient as a patient but as a client. This change in thinking is starting to come.* (I.1, 375)

Additional to the above mentioned processes of autonomy and freedom of choice, the interviewee mentions the advantage of modern technology which allows the patients to inform themselves and thus gain even more independency. While a decade ago the patients were sent to the hospital by their family physician, they now investigate and do their research and gain more self-confidence in the process. As a result, the providers now have to attract patients and thus started seeing them as clients.

For many hospitals this transition from patient to client has only just started very recently, while for private clinics, it has always gone in that direction. The following paragraph is meant to serve as an example for a medical provider, who has a lot of experience in attracting patients who can choose their own medical care provider.

At the private clinic Hirslanden Zurich the entrance looks more like a hotel lobby than a hospital entrance, save for the few people in white coats. The head of the guest relations managers explains, that the people waiting in the lobby are private or semi-private patients

who will be picked up and accompanied to their room by someone from the guest relation. She says the people at the different Hirslanden Clinics do not really have anything to do with attracting, advising and motivating international patients to come here. That is the job of the Hirslanden International Office. The receptionist and the guest relation just get a list with the day's admissions and they work with that. They know what is included in the service and how they have to treat each patient just by judging the information on that list.

> *We have created a package, which is called 'High Special Guest' here. It's like in a hotel, where they also create packages. It's just this term and the whole house knows, or at least those, who are involved know, what's included. I am only talking about services of course not medical performance. Really just everything else. And then the room is prepared accordingly. A soon as someone is a direct-payer there will be a minibar and an espresso machine in the room.* (I.10, 24)

While the Hirslanden International takes care of all the preparations and administrative tasks, the private clinics job is just to make sure everything is ready for the patient. This process is of course also available for private and semi-private insured patients and basic insured patients or non-insured patients, who are willing to pay the extra costs. The interviewee does however point out, that there seems to be extra preparations for the direct-payer, like an espresso-machine. This "high special guest" package, has been developed especially for international patients with the idea to include everything they would need.

Another interviewee put it bluntly:

> *What the patients want is what they get. Everything. But typically, the patient who comes to Switzerland for this, isn't here for the first time. He knows if he likes the Hyatt better than the Dolder, or the Kronenhalle better than the Clouds.* (I.6, 133)

For a patient, who already knows what he or she wants, it is no longer question of getting it, but how it will happen. The Dolder, the Kronenhalle and the Clouds are names of five star hotels and restaurants in Zurich, which are well known for luxurious stays and dining

experiences. The interviewee here refers to the fact that many of the requests that he fulfils for his patients are normally things they could also do themselves. However, since the patient is also a client and thus "they get what they want", even if it is just a booking with a phone call that gets taken off their hands.

4.2.3 Imbedding International Patients

As elaborated in section 2.3.3 and 4.1.1, patients with supplementary insurance and direct payers, are from a pure financial perspective more attractive than the basic insured. An interviewee from a university hospital explains:

> *The university hospital is no purely state-owned enterprise but instead it is being more and more privatized. This leads to more self-responsibility and the hospital has to make sure that it is also financially stable and they (the hospital board) realize of course that ultimately, the private and direct-paying patient becomes more important, they are more profitable in the end.* (I.1, 264)

Compared to private clinics, the public hospitals have only recently, namely since the revision of the KVG (see section 2.3), started to focus their attention increasingly on the patients with supplementary insurance and direct-payers. By using the word "ultimately", he interviewee really stresses that in order to be financially stable, there has to be a profitable solution to ensure this.

Most medical care providers have imbedded the international patients on the same level as the private patients. When asked as to why that is, one interviewee replied:

> *They say we have to become more attractive for private patients. Therefore, we can just use the model for the international patients because for them we have be attractive too.* (I.3,481)

Since private patients and international patients are both regarded as clients with high demands regarding service quality and comfort due to being financially affluent (see section 4.1.2) the interviewee suggests, that two problems can be solved in one go. By imbedding the international patient at the same level with the private patient, improving their services and becoming more attractive works automatically for both.

However, it is not just that it is easier but also because it is more profitable, as another interviewee points out:

> *All our international patients are always private. That's also where the profit for the hospitals lies, because that's the interesting part. I also had an inquiry once, about it being too expensive, if they couldn't stay in the general ward. But then they (the hospital board) said "no". That is solely for Swiss Clients. Or patients.* (I.8, 460)

The international patients are always private patients, without a choice. The interviewee clearly states, that the reason for this is the fact, that the international patients as a direct-payer will be most profitable for the hospital. Additional to that, the interviewee ends with statement, that the cheaper choice is solely accessible for Swiss patients, which indicates, that international patients might be embedded in the private ward, because there are more capacities than in the general ward.

However, the imbedding of the international patients is also a question of prioritizing. A general fear in public regarding international patients is often that those patients take away the beds and attention of the care personnel which would have been meant for Swiss patients (Anderegg, 2014). This is in fact a critique on medical tourism in general, that medical resources and health professionals are drawn away from the local population and given to international medical tourists instead (Hume & Demicco, 2007). It was therefore an interesting question to see, how this matter was handled in Switzerland. An interviewee states:

> *It is certainly the case, that those patients are profitable for us. Now the fact is, that our service mandate concerns first the patients from the canton Zurich, then the patients from Switzerland, and then the international patients. So we are not, we are – I mean it is not, that we reject patients from the region, so we can treat more internationals.* (I.12, 103)

Despite the fact that the international patient is profitable, there still is clear priority to first take care of the Swiss patients. This mentality is in this case connected to the performance mandate as a medical care facility on the hospital list. However, most of the other interviewee have expressed similar opinions:

> *Something like that hasn't happened so far. And to be honest, we couldn't allow that to happen either. We don't have the liberty to allow that to happen. If we were to say that a Swiss patient didn't get a bed because of an international patient. That would be an absolute no-go.* (I.3, 445)

Thus, there are three main points which can be deducted from how international patients are imbedded. First, it is easiest to put them in already existing structures, which include the qualities, which attract international patients too, such as the private patient's category. Second, they have to be imbedded in a way that is profitable for the hospital. Third, they have to be imbedded in a way that does not antagonize the service mandate towards the Swiss population.

4.3 Attracting international patients

As we have established in the previous subchapters, the patients have become more independent and are often well informed. This lead to a shift from how the patient is viewed, namely from patient who is just receiving a treatment wherever he can, to a client who chooses what, when, how and most importantly where he wants to receive his treatment. In order to attract these international patients, the medical care providers had to think about what this international patient wants. Therefore, this subchapter explores what the interviewees think are the reasons for international patients to choose first, Switzerland as their destination and second, the particular medical facility (P. C. Smith & Forgione, 2007).

4.3.1 Positive Swiss Traits

According to Smith and Forgione (2007) the influence factors for choosing a country as a destination are mainly economic conditions, political climate and regulatory policies. In the case of Switzerland, I suggest that one more factor can be added, namely the perceived quality of health care associated with the choice of medical care facilities in the second stage. My reason for this, is that due to the fact that the medical care in Switzerland has a very high reputation throughout the whole country and thus, this perception is one of the reasons international patients choose Switzerland even before they start looking at particular medical care facilities. However, I do not argue for a removal from this factor from the second stage but rather, that it is a factor that influences both stages in the case of Switzerland.

The quality of medical care is often named as one of the main reason for wanting to receive medical treatment at a certain place (Crooks et al., 2010). However, it is a difficult factor to measure starting with the question of how "quality" in medical care should even be defined (Donabedian, 2005). In order to attract patients, be it international or Swiss patients, the key factors are therefore those that the patient is able to asses. It is not the actual quality of medical care but the perceived quality of medical care that is important, since this is what the patient is able to evaluate (Glinos et al., 2010).

To explain this with an observation of an interviewee:

> *Well mostly it is after all still about the quality. (…). For the most part we are told that the service, the quality of the performance and the service, that the price-performance ratio in the end, despite the fact that it is quite expensive, that in the end, it is still satisfying. But Switzerland certainly still has this quality stamp. Everything functions smoothly here and everything is punctual and no one has to wait and everything is regimented. This is I think what people have on their mind eventually.* (I.9, 329)

The interviewee begins with describing, what feedback she got from international patients about why they chose this medical facility. However, she then moves on with "but Switzerland certainly still has this quality stamp", which implies, that the things she mentioned before, are in fact true for Switzerland in general. The idea that everything in Switzerland is of high quality, high precision and punctuality is part of a reputation that Switzerland has as a whole country. Therefore, the perceived quality of medical care as an attractor of international patients already applies at this point before the medical care accreditation of the particular facilities is even assessed.

Another interviewee adds to the importance of the Swiss reputation:

> *We have advantages too of course, because Switzerland is still like, it's Switzerland and then there's EU. England is also really strong in Medical Tourism and there is Germany, they are all big in the game. But Switzerland is exclusivity. It has this exclusiveness, this precision, tranquillity and that's what the people like.* (I.3,579)

The interviewee explains what she believes is one of the key attractors for the high end clients. She argues that when money no longer is an issue, the client wants to receive what appears to be the best in his or her eyes. Therefore, despite the high prices or maybe even

because of them, Swiss medical care somewhat becomes desirable due to its exclusivity. Not everyone can afford it and combined with this idea of precision, tranquillity and luxury it makes Switzerland stand out as a destination for medical tourism.

Another strong point for Switzerland as a medical tourism destination compared to other countries is the political climate.

> *We have the infrastructure, and possibly also the time, we have the competence, we have an environment in which people feel safe, which is very important for the individual, that they have a safe environment*. (I.12, 292)

Besides having the economic capacities like a good infrastructure and time to treat all the Swiss and international patients, this interviewee names the "environment" as a major factor. Not just any environment, but a "safe" one. This safe environment in Switzerland is ensured through several political conditions. The most prominent one is certainly neutrality, but also freedom of opinion and religious freedom add to Switzerland being not only one of the safest countries in the world but also one with highest life quality ('OECD BLI', 2015). Additional to this ranking, the political involvement as well as political discourses play an important role for some international patients:

> *They have something like a strong affinity to Switzerland because it's neutral, never been involved in wars, never sent troops there. Those are important elements. Not somehow pro-Israel or pro-something. That's an important issue.* (I.5, 246)

The interviewee explains, that patients from certain countries prefer Switzerland to other countries because of its neutrality. This is especially accurate for nationalities whose countries are currently or have been recently involved in conflicts or have political enemies. Another interviewee concludes that as well:

> *There is also the fact that Switzerland is politically a lot less conflictual for Arabian countries than the USA for example.* (I.12, 298)

By staying out of conflicts with other countries, Switzerland is a destination that international patients can choose, without having to think about political statements.

To conclude there are a number of traits which characterize Switzerland and make it well suited to be a destination for Medical Tourism. Some are tangible and measurable like the

number of hospitals, the equipment quality, precision, neutrality and democracy. Other things however, are more of an image that people have of Switzerland. These ideas add up to a reputation which originates from the above named characteristics but it is not something one can measure since it depends on the individual perspective (Glinos et al., 2010; Saiprasert, 2011). The exclusiveness of Switzerland for example is a feeling that, for some, originates from the high costs of medical care combined with the knowledge of hospital density and accreditation. For some international patients, Switzerland is an ideal medical tourism destination, while others might have different priorities.

4.3.2 Additional Services

Continuing to the second stage of the model of Smith and Forgione (2007), I will discuss the factors which influence the choice of medical care facilities within Switzerland. As pointed out before, I have extended and combined the number of factors from Smith and Forgione (2007) with the factors suggested by Glinos et al. (2010) in order to be able to draw a more accurate picture. The factors are: costs, perceived quality of medical care, availability, familiarity and additional services.

In medical tourism, the price of the medical care is a very important factor to attract patients from all over world (Leigh Turner, 2007). However, in the case of Switzerland, cost is certainly not a factor that attracts patients but rather gives them a reason to stay away since the prices are so high. In fact, as the interviewees have pointed out in the previous subchapter, the price difference from Switzerland to other countries should be balanced out by offering better services besides the high quality medical care.

One of the many things one can do to improve the perceived service quality, is to pay more attention to interpersonal communication:

> *Are you taking time for them? Are you showing interest for your patient? Are you listening to him? And I always say that from my perspective this is the selling-criteria. Sure the hospital has to be good, the OP has to be immaculate, but this is expected you know, since the people are coming to Switzerland. Then they have this picture of top organisation, of top equipment, maybe a lake on their mind, to look at. But it is really*

> *about how caring you are, that you reach out to the people and that's the selling point.* (I.5, 164)

The interviewee really stresses the importance of additional services such as interpersonal care. He acknowledges that the perceived quality of medical care is important too, but he points out, that this is something that is expected anyway. He implies, that most people who come to Switzerland already know that the medical care is good, the operation rooms are clean and everything is just absolutely "top". However, he believes that these are things which are associated with all the medical care providers in Switzerland. In order to be the one medical facility chosen from all the others in Switzerland, the "selling point" is to be "caring". Of course, it is difficult to advertise this sort of interpersonal care in a brochure. The interviewee in this case was referring to returning guests and the importance of word-to-mouth propaganda.

Another interviewee supports the idea of building on the additional services in form of interpersonal care. From his own experiences, he describes a situation he has witnessed too many times in medical facilities, namely, that no one had time or felt responsible for the patient's need of interpersonal care:

> *The time and interest isn't there. The cardiologist is not a psychologist or a psychiatrist. In the end what the patient needs is – I mean sure if you have acute leukaemia, a conversation alone isn't going to help you much. If a leg is broken, then a talk about how that happened isn't going to help much either. But a patient, who comes here for a check-up, has certain phobias, certain fears, certain expectations. And for that patient a conversation is often more successful than 5 laboratory tests.* (I.6, 113)

The interviewee acknowledges that depending on the medical condition, the medical care and treatment is still the most important factor. But his point is that talking to a patient and listening to him is worth a lot more than just giving him his medical results efficiently or in high quality. As mentioned above, the problem is that often there is no one taking care of this specific part of a patient's needs. The cardiologist's job is to take care of the patient's heart, not the patient's emotional state. Thus, if taking care of the patient's needs outside the medical care area is as crucial as the interviewees express, then the only solution is to assign someone who will engage exclusively with that, such as the patient and guest relations managers.

Other interviewees have also reached this conclusion and have established a service like that, in this case the guest relations services:

> *Exactly, but ultimately the patient can choose, where he wants to go and that's why now there's us, so the patients will choose us more often in the future and not wander off to the competition.* (I.11, 355)

The interviewee here expresses her certainty about the fact, that having a guest relations manager service increases the chances of the medical facility to be chosen by patients in general. Since "the patients can choose", she is very confident, that he or she would rather choose a medical facility where there is someone who will specifically take care of the patient's needs outside of the medical area.

Other interviewees also believe, that the patient does not just come for medical treatment but also for the additional service.

> *I think specifically since patients come here and have to pay such a huge amount of money compared to other countries like Germany or Turkey or so, then it is necessary to find a way to balance that out. So that it really is worth the money.* (I.11, 271)

The interviewee is very much aware about the high prices international patients have to pay and also, that the patient would have other options like Germany or Turkey. In order to stay attractive, the price difference has to be balanced out. Thus, the interviewee suggests to do this with improved service quality so that being treated in Switzerland is really "worth the money". This is also interesting because it implies two things. First, the interviewee does not think that the medical care in Switzerland alone justifies for the high prices respectively is not enough bring a patient here. Second, the interviewee deems that great service quality can be a motivator for international patients on deciding where to get treated, since it can be used to make up for the high price. Thus, there is a desire to give a patient what he deserves, something worthy of his money or as this interviewee put it:

> *We actually have to provide good services to the patients because they come here to get treated, they have financial expenses and it is only fair that we really do everything possible to make the patients feel comfortable here, have them enjoy a good treatment, that is the case.* (I.2, 79)

The interviewee feels like they "have to" provide good service, as if what the facility is providing with their medical care is not enough. The international patient who has a lot of financial expenses has to be given something, in order to make it "fair". An interesting thought here is, if the interviewees in general feel the same way about the basic insured Swiss patient. So far it seems that this is only something that is felt towards international patients or maybe private patients, since they are the ones paying either a lot as direct-payers or pay the extra fee for supplementary insurance each month. Either way, the interviewee stresses that they really have to do "everything possible" to make sure the patient feels comfortable.

Using service performance besides the top quality medical care to attract patients, does not only apply as a method for Switzerland when compared to other global medical care options but also for Swiss medical care providers with each other. Improving the service performance to make the costs worth their price is also considered necessary for private or semi-private insured patients within Switzerland:

> *Just like the client at a hotel is king, so is he here, because after all he pays his share. A lot, actually. In order for him to have a little something more, I mean a private insured individual pays about 800 to 1000 Swiss Francs more per month after all. I find it only appropriate that they should be better attended.* (I.11, 359)

It is not only the international patients who pay a lot to be treated here but the Swiss population also have high expenses for their health care in general. Especially the supplementary insurance for private patients has a very high monthly fee and thus, the interviewee is in the opinion that those private patients deserve to really receive more for that money. To provide the "little something more" in form of service, is the "appropriate" solution for the interviewee. This "little something" can also be of organisational nature. Another interviewee explains the importance of improving the patient's experience by optimizing the organisation of the medical treatment process:

> *At most hospitals they are sitting there, in the corridor with a number, have to pay payment fee with their credit card, get a new number ten times, sign the same papers ten times. That's annoying. The patient doesn't get this VIP-feeling like that.* (I.6, 26)

The interviewee here suggests as well, that the international patient does not only come here for the medical treatment but also because he expects something more, namely the service. In order to give the patient a "VIP-feeling", the interviewee suggests to become more efficient when organising a medical treatment. For example, when there are several different diagnostic tests or different departments, which have to be visited by the patient. Thus, the interviewee explains that organisational services can make a big difference for the patient and give him a good feeling, without much effort.

4.3.3 Doctors and Research Activity

As mentioned before, the perceived quality of medical in Switzerland is already in general one of the main attractors for international patients. However, when having to choose a medical care facility within Switzerland, the patients seem to orientate themselves on doctors and presence of research activity in order to assess the quality of medical care.

An interviewee explains that they find a doctor by doing their own research and then they contact medical care facility and make and inquiry:

> *I think it is the doctor for whom they come. Someone from Germany doesn't come here because they think that they are getting a nice room here and good service at Balgrist. It's the doctor. Clearly.* (I.11, 69)

The interviewee points out that the general quality of medical care in Switzerland alone is not enough to make an international patient choose this facility. Someone who already has good quality medical care in Germany, does not think that the medical care here is in general better and also the additional service cannot change that. However, she implies that a doctor with a good reputation can be the reason that brings a patient to this facility. The patients in this case connects the quality of medical care with a person, namely the doctor. Another interviewee supports this idea:

> *Well sure I think, that it is very, very much depending on doctors. It is known, that many wealthy international patients, they go to private clinics maybe, but they are not really in specific facilities. It is more that they go to a person, who has a certain*

> *reputation. Often those reputations are maybe not justified but they are what they are.* (I.12, 312)

In this example it becomes evident that the medical care facility is only chosen because of the doctor who works there. The interviewee also highlights two things: firstly, that the patients follow the reputation of a doctor, which implies that his most important quality is his skill and knowledge. Secondly, that the patient cannot really assess if a person is a good surgeon or doctor, since all they can assess is the reputation. For the interviewee this is important, because there is a difference between reputation and accreditation, as he explains. While a doctor might be good at what he does in general, he might not gain worldwide reputation for it. In contrast to that, a doctor who might spend more time doing research than actually operating might gain a wider reputation for his research and as a result, many patients would want to be treated or operated by him. Thus, the interviewee is not sure about the topic and questions the justification of those reputations.

However, once a connection between quality of medical care and a doctor has been made and a reputation starts to build, it is enforced by word-to-mouth propaganda, as an interviewee has experienced:

> *He (the doctor) attracted many patients, especially from the Emirates. And once you had one or two patients from there their whole family will follow. The families there are big and they talk about it and then the next one comes.* (I.3, 248)

The doctor mentioned here has by chance treated a patient from the Emirates and after that one patient, many others followed just though this one connection. The interviewee also stresses here the importance of leaving a good impression.

Next to word-to-mouth propaganda, many patients are in fact recommended by their doctors to go to a certain medical care facility:

> *If someone has shoulder problems, he knows Prof. Gerber, he is known worldwide. And there are patients from Ecuador, Abu Dhabi, and I don't know where, (coming here) because they know that Prof. Gerber is just the expert.* (I.11, 39)

There are many doctors who have made a name for themselves by publishing their research and impressing with their skilled operation techniques. The interviewee implies that this

reputation is what gives the international patient the feeling of security when being treated by "the" expert.

Another interviewee adds however, that while the doctor might be important, he cannot stand alone:

> *In medical surgery, without a doubt, it is the doctor. Of course if the doctor is in some – well it's the doctor in a certain environment. I mean it is certainly the case, that the same doctor in Switzerland doesn't have the same status in Nairobi for example.* (I.12, 221)

What the interviewee points out is that a doctor who has a good reputation also needs to be "in a certain environment". The doctor, despite the fact of being an important factor, is never the only factor that counts. As mentioned before, decision-making is a complex process that involves many different factors. Therefore, while thinking about all the positive Swiss traits we discussed earlier, it becomes apparent, that there are probably not as many international patients who would like to treated by that very same doctor in Nairobi than if that doctor were in Switzerland.

Additional to using doctors as ways to ensure high quality of medical care, many patients, international and Swiss, also focus on the research activity of the medical care facility.

> *We are a university hospital. For us, teaching research and the newest medical findings are our focus. And this is what we communicate to the patients. We are no private clinic, who have pretty rooms and everything in the service matches the patient's needs. We match our patient's needs medically and with the service we try to upgrade with the international service.* (I.3, 82)

The university hospitals have a clear advantage of promoting themselves with having cutting-edge medical care. The interviewee also points out that those are the clear strong points of the university hospitals: what they lack in "pretty rooms" and extra service, they fill up with the "newest medical findings". Furthermore, the interviewee believes, that research activity becomes more important with severity of person's medical condition. The annual report of the University Hospital Zurich confirms this suspicion by reporting an increase in the number of serious illnesses and severe medical conditions according to the Case-Mix-Index (Universitätsspital Zürich, 2015). However, it is difficult to say if patients

actively choose to go to the university clinics because they feel that they receive better treatment there or if they are sent or transferred by their doctors or other hospitals, because the university hospitals are just the place to go to when one has a difficult condition.

Either way, as another interviewee pointed out, research activity and doctor's reputation can also go hand in hand:

> *If you have a place where research is done, you also have people who improve. I mean if a doctor publishes something, then he gets recognition but the facility profits too.* (I.5, 127)

A university hospital is a place that teaches, practices and researches. The research is done by doctors who can build a reputation and become known for publishing their research. This again has a positive effect on the university hospital, which will attract more doctors who want to indulge in further research projects. As a result, patients become aware of the institution and might perceive the quality of medical care as superior compared to other facilities, which do not have that.

4.4 Challenges

Now that I have answered the first two research questions, this chapter will investigate the challenges which medical care providers in Switzerland face while trying to establish themselves in the medical tourism market. First, I will discuss how the interviewees' fundamental principles of morality and ethics are questioned when confronted with a potential business opportunity through the international patients. Second, I will explore the global factors that influence the medical tourism market in Switzerland and the challenge they pose. Third, I will discuss the institutional and political challenges on the medical tourism market in Switzerland.

4.4.1 Ethical and moral challenges

One of the main problems described by interviewees is to make sure that the patients come before profit, especially when dealing with seriously ill patients. An interviewee explains:

> *We have desperate patients trying to come here. For example, oncological cases. (…) They are desperate, they have gone through countless procedures and therapies and then they want to come here but we look at their file and we say, no, this person is not going to live for long anymore. Why would we have him come here to Switzerland from Russia or from far away? (…) We could earn a lot more money, but it is economy against ethics, which is an important issue for university hospitals.* (I.1, 54)

The interviewee explains how sometimes there are international patients who are desperately trying to find a way to cure themselves or their family member, but the condition is just too severe to be cured. Of course this can also happen with Swiss patients. The difference, however, is that while the Swiss patient is covered by his insurance, the international patient is not and thus would be very profitable for the medical care facility. However, the interviewee clearly rejects the idea of trying to make a profit out of a desperate patient, bringing up the argument of economy versus ethics where ethical correctness is part of being a university hospital.

However, while the interviewees agree that upholding ethical principles when faced with patients who are terminally ill, the situation changes when the patient is perfectly well. In the case of check-ups, which are very popular among international patients who seek a thorough check-up of an organ, a body region or the full body, this topic has confronted more than one interview partner with an ethical dilemma:

> *It is often inquired after by patients "we want to have a check-up". I wish we could offer that, it would be so lucrative. But our doctors say "no, why would I put a patient through this and this examination if he doesn't need it". It speaks for us.* (I.3, 519)

On one hand, there is good profit to be made, but on the other hand, check-ups are not necessarily helpful for every patient. The interviewee states that she would like to be able to offer check-ups at her discretion, but at the same time she absolutely understands the doctors' point of view or even more, she admires it. She sees it as an advantage that, despite the lost business opportunity, her patients' wellbeing comes before business.

Underscoring this view, the following interviewee explains that check-ups on a healthy person as a preventive measure are not necessarily useful:

> *If a person in rude health walks in and says, that they want their liver, kidney, heart completely checked (…) you can't do that. It's not possible. You give these people a false certainty making them believe that they are perfectly healthy to the core. But it is impossible to check everything. It would take weeks, months, and not even then.* (I.1,30)

The interviewee explains that offering check-ups and claiming that they have a positive preventive function is just a scam to make money. It is not possible to check everything. Giving the patient a false certainty of being healthy is something that the interviewee sees as morally wrong. Later on, he adds that even if someone has checked everything, it could still be that he or she has a tumour somewhere that grows while the person no longer pays close attention because he or she thinks they are healthy to the core.

Another interviewee argues against it and says that in order to compete in the medical tourism market, it is necessary to offer what the patients want and not what feels morally appropriate to offer:

> *It always makes our doctor's hair stand on end, because they say that it is not sustainable or efficient. Then I tell them, I am with you, but either we want to promote ourselves here and then we have to adjust ourselves a bit.* (I.9, 400)

In this example the interviewee refers to a therapy that, according to the doctor's opinion, should last at least a week. However, the patients who visit the area normally do not stay that long and would thus like to do a shorter therapy. The interviewee expresses her dilemma between business opportunity and providing a good service versus the doctor's medical concerns and the patient's wellbeing.

However, although the pressure on the medical care providers in Switzerland increases, most of them still prefer to make a profit with additional services rather than with the patient's health. This interviewee explains that making a mistake in the service performance does not have very big impact on anyone. Certainly, it is not ideal if you send someone to a wrong hotel where they have to stay in a green room when they wanted a red one, as the interviewee illustrates, but making a mistake with medical issues is different matter:

> *With Medicine it is a much, much, much more sensitive topic. To recommend a wrong doctor (…) could have legal consequences. (…) You need to know Medicine is a delicate*

> *business, but if you do it seriously and well, and you take care and maybe every now and then, you leave out a deal, then it is, it is a good thing.* (I.5, 117)

The interviewee feels that giving medical recommendations is very tricky since it is connected directly to the patient's health. The Interviewee thus prefers to rather "leave out a deal" and take it seriously.

Another interviewee feels the same:

> E*conomy versus ethics, these two points really have to be kept in mind and we have to always ask ourselves: should we do something or not. I prefer to decline to treat a patient rather than agreeing just because of the money. The patient really just has to stay in focus. Not the money, not the agencies or whatever. It has to be the patient. He (the patient) has to be happy, healthy or at least better off in the end.* (I.1,546)

The interviewee stresses that no matter if they patient is sick or healthy, one should always question whether or not a medical treatment is necessary from the patient's health perspective.

4.4.2 External influences on the medical tourism market

So far I have looked at medical tourism rather focused on Switzerland, but medical tourism especially when put in perspective with transnational health is a global market and thus is influenced by a number of different factors (Botterill et al., 2013). The advantage of a global market is that there are more potential clients (Bookman & Bookman, 2007), but a downside is that it is very difficult to predict and control (Connell, 2013). An interviewee explains the drawbacks:

> *But as a result of being a global market and it is also globally influenced by world affairs and thus it could break away very easily. We noticed this very well recently with the crisis in Eastern Europe.* (I.3, 77)

What the interviewee refers to is one of the most illustrative examples for an external economic factor. Another interviewee describes the enormous impact:

> *If before you had the upper middle class and the lower upper class, now they're all gone. That's because of the Rouble, through the sanctions, they are all absent and everybody*

> *notices it, everybody. If you scrimmage around in the upper price segment, you don't feel it as much (…) but still.* (I.5, 239)

The talk is about the inflation of the Russian currency. When the Rouble lost its value, many Russian patients could suddenly no longer afford to be treated in Switzerland. The interviewee himself was surprised at the consequences. By "everybody" he also includes the tourist industry, the hotels and the shopping boutiques, in addition to everybody from the medical tourism business.

Because the medical tourism market is so fluctuating and unpredictable, some do not think it a good idea to rely on international patients too much:

> *As an institution I think it would be very unhealthy. Because firstly, it's that – let's take South Africa for example. The Rand lost about 60% of its value. They can't afford to come here to Switzerland anymore. Not even the wealthy there can afford it. When the Rouble dropped down, suddenly there were no tourists anymore. And that also affects the medical tourists*. (I.12, 319)

The interviewee is very concerned about how fast the situation changes in the tourism industry. Comparing the inflation of the Rand with the inflation of the Rouble, the interviewee points out the vulnerability of the sector to factors outside of its control.

4.4.3 Institutional and Political Challenges

Since Switzerland is more expensive compared to other medical tourism destination ('OECD Statistics', 2015), those impacts of money inflation are greater. As the interviewee already noted, only the most affluent and high class can afford to come to Switzerland, and even those have to be attracted with additional service quality. Thus, one of the main institutional challenges that the medical tourism market in Switzerland faces are the high prices:

> *You can also get a good treatment in Germany but for half the price. This is known and especially with the Russian, who became a lot more cost-conscious, we notice that we are losing patients. This is obviously an issue. This is a big dilemma for us.* (I.1, 341)

In combination with the Rouble inflation, the Russian patients can no longer be kept as clients, since Switzerland is not able to compete with countries like Germany. Despite the fact that Switzerland is considered highly attractive concerning the exclusivity of its medical

care and service quality, it is not enough to close the gap that opens financially for the Russian patients.

Furthermore, many interviewees claim that the medical tourism market in Switzerland is slow:

> *I believe that here in Switzerland, we are just too slow. This market has been existing for 15 years or more and I have a feeling that it has only just started here 3-4 years ago.* (I.3,551)

While the medical tourism markets in the neighbouring country have already started establishing themselves a decade ago, the medical care providers in Switzerland only started very recently. But starting late might not actually be the issue here. Another interviewee believes that it is in fact a question of attitude:

> *You know, the idea of engaging yourself entirely with the needs of the client is a lot higher in other countries than here in Switzerland. This, in my perspective, will ultimately lead to a competitive advantage for the others. So this is I think, where Switzerland should really start growing*. (I.5, 271)

Although additional service together with the high quality medical care are believed to complete the perfect Swiss quality medical package, the interviewee disagrees and states that in fact there is more that could be done for the international patients. Remembering the way international patients are implemented in most medical care facilities, namely as additional private patients, one can see the interviewee's point.

Another interviewee sees the root of the problem in the mentality of thinking too highly of oneself and believing that just by having Swiss traits, the international patients will come:

> *We are all very, very, very well off and when you are very, very, very well off you have the tendency to get slow. So to say, why should I change anything, I am doing just fine right now.* (I.5, 257)

According to the interviewee, countries like Germany and Israel are doing everything they can to make sure that their patients feel welcomed and well treated, whereas Switzerland is still lagging behind without making any effort to change or upgrade.

To make matters worse, the political climate in Switzerland, which is one of the main attractors, is shifting:

> *I think this political influence, I mean that's obvious, politics always influences tourism, but I mean what's going on with these votes lately. Sometimes I get the feeling that we think we are so small, that no one is interested in us anyway, but it is exactly those things which go out and people always know about that stuff.* (I.9, 408)

The importance of a neutral and open political climate has been discussed in section 4.3.1. What the interviewee here tries to express is the concern that Switzerland does not seem to be aware of the fact that the rest of the world has newspapers and internet and therefore, what happens within the country is also reported outside. Thus, voting on things like the "Minarett Initiative" or a ban on full-body veils, which are very specifically connected to Muslim religion, certainly does not help business with Arabic patients.

An interviewee mentions so-called "Halal" travelling as an example where Switzerland could certainly try harder. Halal is especially relevant for Muslims who would like to be able to follow their religious rituals and laws while being in Switzerland (Kucera, 2013). Often this includes a place to pray, specially prepared food, no alcohol in the Minibar and the separation of men and women. The interviewee says that even if not all these requirements are met, the fact that you try to meet them is highly appreciated.

> *And this is a very, very important element, this cultural understanding, this cultural appreciation especially towards Muslims now with this western smear campaign, that's an important issue.* (I.5, 328)

Thus, the interviewee suggests here that with a little effort, much could be accomplished. Another interviewee summarizes it perfectly:

> *We have to position ourselves and we can only accomplish that if we go to the outside world. It's not going to happen by itself. At the moment Medical Tourism is a hot topic worldwide. (…) And here (in Switzerland) we have of course, through these global issues, we have an advantage. And we should seize this opportunity. (I.3,595)*

5 Conclusion

This thesis has explored the ways in which Switzerland establishes itself as a destination within the fastest-growing medical tourism market. The research focused on three sub questions which were deemed the key targets necessary in order to investigate the medical tourism market in Switzerland.

The first key target investigated the incentives of Swiss medical care providers trying to establish themselves as potential destinations within Switzerland. The main motivator for doing so was to gain financial profit. Public hospitals seemed especially eager to do so since they need to find new ways to increase their income, after the original contributions from the canton have been cut with the revision of the KVG. At the same time, private clinics, private companies and intermediators have engaged continually or newly in the medical tourism market, which leads to increasing competition between medical care providers.

The second key target aimed at exploring how international patients are attracted to Switzerland and then to a particular medical care facility. In the process of doing so, it was discovered that the international patients who come to Switzerland are generally perceived as very wealthy. Since the prices for medical treatment in Switzerland is very high ('OECD Statistics', 2015), it was concluded that the perceived quality of medical care (Glinos et al., 2010) as well as the political environment (P. C. Smith & Forgione, 2007) are two of the main attractors for Switzerland as a medical tourism destination. When focusing on the choice of medical care facilities, the factors that are deemed most attractive for international patients are the additional services and the perceived reputation of a facility due to research activity or renowned doctors who work there (Glinos et al., 2010). Additionally, it was discovered that international patients are most often implemented as private patients.

The third target aimed at looking at the circumstances under which the medical tourism market in Switzerland is developing by investigating the challenges it faces. It was discovered that there are several issues of an ethical nature which arise due to the main motivator being financial profit. However, the international patient's wellbeing and the provision of the Swiss patient's medical care remain top priorities. The main two issues which challenge the medical tourism market in Switzerland particularly, besides the external

global factors, are political influences and what was described as lacking the will to engage with the international patient's needs.

As stated before research about the medical tourism market in Switzerland is scarce. Thus, this thesis allows for better understanding of who the actors in Switzerland are, what services they offer and what type of international patient is attracted. Furthermore, the thesis can serve as a basis for future research with different focuses within the medical tourism market in Switzerland. There are also various aspects in which this thesis could be improved. Thus, increasing the number of interview partners might lead to different results and including the French and Italian region of Switzerland might alter the perspective entirely. Additionally, a more profound investigation of each aspect of this thesis's findings could be used contribute to a better understanding of the processes of medical tourism in Switzerland.

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Appendix

Interview Details

Interview	Description	Organization/Company	Name
1	Head of International Office	University Hospital Zurich	Patrick Dreher
2	Head of International Center	University Hospital Bern	Goran Atanasovski
3	Head of Private Line	University Hospital Basel	Simone Rüdlin
4 written statement	Managerin International Relation	Private Clinics Hirslanden International Center	Jino Omar
5	CEO	Premium Switzerland	Peter Zombori
6	CEO and Doctor	Double Check	Dr. Andreas Brauchlin
7	Managing Director	Swiss Health	Andrei Reljic
8	COO and Guest Relations Manager	LucerneHealth	Ruth Sidler, Romana Widerhold
9	Director of Sales	Grand Resort Bad Ragaz	Mirjam Meier
10	Head of Guest Relations Managers	Private Clinic Hirslanden Zurich	Corine Miklo
11	Guest Relations Managers	University Clinic Balgrist	Jasmin Eppacher, Cornelia Goller
12	Professor, Doctor, Medical Director	University Clinic Balgrist	Prof. Dr. Christian Gerber

Table 5: Interview details

Interview Guideline

Thus, the first category was composed of question about the organisation and the role in the medical tourism market but also about the role of the interviewee within the organisation. The second category was about the international patients, about where they come from, how many of them are treated here and why they come from the view of the interviewee. The third category was partly built on the second one, since the idea of the international patients is what normally leads to the basis of the marketing strategy or offers an organisation would develop for successful attraction of customers. The final and fourth category had the goal of finding out what the situation in Switzerland is in general and what assumptions and conclusion the interviewee would draw from their own experience.

(see Table 6, next page)

Interviewthemen und Übersichtsfragen

Organisation/Spital
Was/wer ist XXX? • Wer ist dabei • Was ist ihr Ziel • Wie viel Mitarbeiter haben Sie
Wie ist XXX aufgebaut? • Organisation • Zusammenarbeit Spital, Hotel, Tourismus • Wer tut was
Was ist der Anreiz am Gesundheitstourismus in der Schweiz? • Was erhofft man sich • Was für Patienten erwartet man • Was ist der Vorteil von internationalen Patienten
Internationale Patienten
Was für ein Bild haben sie von internationalen Patienten? • Herkunft • Ansprüche und Umgang • Ziele in der Schweiz
Für welche Behandlungen kommen die Patienten in die Schweiz?
Wie verbringen die Patienten ihre Zeit in der Schweiz? • Wo und wie lange bleiben sie • Wen bringen sie mit • Welche Wünsche haben sie
Promotion und Anwerbung
Was tut ihre Organisation in Praxis? • Welche Arten von Aktiver Anwerbung • Besuch von Messen • Patientenberatung
Gibt es eine spezielle Zielgruppe • Länder • Behandlungen
Gesundheitstourismus Schweiz
Wie könnte man den Gesundheitstourismus in der Schweiz fördern? • Ziele oder Verbesserungen bei XXX • Was sind die grössten Probleme

Table 6: Standard Interview guideline

Personal declaration

I hereby declare that the submitted thesis is the results of my own independent work. All external sources are explicitly acknowledged in the thesis.

Zürich, 30.9.2016 Nadja Imhof