

**MEDICAL TOURISM TO THAILAND:
SUBJECTIVITY, HEALTH MARKET DISCOURSE, AND
UNCOVERING LIFE EXPERIENCES OF MYANMAR MEDICAL
TOURISTS**

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entitled

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ABSTRACT

This study using the critical medical anthropology approach aimed at understanding the subjectivities and experiences of Myanmar medical tourists within the context of medical tourism to Thailand and aimed to explore the healthcare context in Myanmar and Thailand, the discourse of medical tourism and the marketing strategies influencing the perceptions and experiences of Myanmar medical tourists.

Qualitative research was conducted with in-depth interviews, narratives interviews, documentary study, and non-participant observations. Ten informants and nine key informants aged 40-75 years old who came for medical tourism Thailand for at least one week participated in this study.

The findings show that political and economical forces related to the healthcare systems in Myanmar and Thailand led Myanmar patients to the need of medical tourism in Thailand. Myanmar people suffer from unaffordable and inaccessible routine healthcare inherited from the political economical forces resulting from the historical military government regime, while the international commercial healthcare constituted medical and market discourses through marketing strategies drive people to seek better healthcare services abroad. Thai healthcare was perceived as an international and trusted service with good outcomes of treatment. Medical tourism discourse shaped their options about relying on medical experts and high technology. Though the subjective experiences of Myanmar medical tourists included frustration regarding lack of information, risk concerns, and treatment outcomes, they could not voice their concerns, which reflect power relations in the international health service.

It is recommended to promote health literacy among medical tourists, coupled with adequate access to accurate information, which will heighten patients' abilities to make informed decisions about medical tourism.

KEY WORDS: MEDICAL TOURISM THAILAND / PEOPLE FROM MYANMAR/ SUBJECTIVE EXPERIENCES/ MEDICAL TOURISM DISCOURSE

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LIST OF ABBREVIATIONS

AEC	ASEAN Economic Community
BCP	Burma Communist Party
CMA	Critical Medical Anthropology
GGHE	General Government Health Expenditure
HDI	Human Development Index
IHLCS	Indication of Myanmar's Household and Living Conditions Survey
ISO	International Organization for Standardization
JIC	Joint Industry Committee
MOH	Ministry of Health
WHO	World Health Organization
WMC	World Medical Center

CHAPTER I

INTRODUCTION

1.1 Background of the study

Medical travel is becoming a significant practice due to the ease of travel in the global era. This movement started based on the higher demand for high quality and lower cost of care. This consideration encouraged people to travel abroad to seek healthcare. A push factor for medical travel are the motivating themes, of healthcare promotional materials. These promotional materials contains a variety of messages and images. Additionally medical tourism trade shows influenced patient decision making (Cohen, 2008; Crooks, Johnston, Kingsbury, Snyder, & Turner, 2011a; Whittaker, Manderson, Cartwright, 2010).

The term “medical tourism health tourism, and medical travel” has diverse meanings. However “medical tourism” is widely used to refer to people who travel to another country for the purpose of medical treatment. This medical treatment may sometimes be combined with a vacation. The term medical tourism also refers to the people who receive the medical services during a vacation. These health care services are typically paid out of the pocket of the patients (Crooks, Snyder, & Turner, 2010; McMahon, 2013). In the Thai perspective, the terms and meaning of “medical tourism” is found to refer to those who combined both medical services and pleasurable activity in destination countries; who travel a long distance with the purpose of medical treatments or health services in foreign destinations; who intend to receive medical services in Thailand that are unavailable in the home country or at a much lower price than in the home country (as cited in SMEs, 2008).

Medical tourism is increasing among patients from Myanmar (Thailand Business News, 2012). This shows that patients from Myanmar are becoming international medical tourists. This is because they wish to seek comprehensive health treatments and also treatment which is not accessible in Myanmar. This brings life-changing processes and reflects the desires and expectations of medical tourists and

their families. This is the main reason that has spurred the interests of the researcher in medical tourism among Myanmar nationals. Specifically, how the discourse of the international healthcare in Thailand affects the perception and the subjective experiences of Myanmar nationals. This is demonstrated in the research questions and the research objectives of this dissertation.

1.2 Significance of the study

Medical tourism generated US \$60 billion in 2008 and is expected to generate US \$ 100 billion by the year 2020. This projection is based on the worldwide market for medical travel (the Deloitte 2008). The most common countries that provide medical tourism include Thailand, Singapore, Turkey, Ireland, Costa Rica, South Africa, South Korea, Taiwan, the Philippines, Malaysia as well as Dubai, which is the newest destination (Bookman & Bookman, 2007; Rollyson, 2010; Keller & Association 2012).

Thailand is one of the world's preferred destinations for medical tourism. This is due to government efforts in opening a marketable foreign investment of health economics (Turner, 2007b). One reason for Thailand's position as a preferred destination for medical tourism is the many options of healthcare services as well as the power of advertisements, promotional packages, and other marketing tools (Rollyson, 2010). High social status of the patients, expansion of the middle class and poor health infrastructure in Myanmar lead to Myanmar nationals seeking healthcare in Thailand and being influenced by these promotional materials.

According to the Tourism Authority of Thailand (2003), the number of foreign patient was growing by 13% to some 632,300 seeking healthcare in 33 private hospitals in Thailand, in 2002 (as cited in Maung, & Walsh, 2014). It was found that among Asian Myanmar had the highest percentage of international medical patients in Thailand. According to Bangkok Hospital Medical Center, the international medical patients seeking medical treatment in 2008, in Thailand, from Myanmar was 4.3 percent. These number was followed by patients from Bangladesh, Cambodia and India (SMEs, 2008). Moreover, an estimated 4000 patients from Myanmar sought medical treatment at International Bangkok Hospital in the first six month of 2010,

standing as third largest group of medical tourists, followed by patients from the UAE (United Arab Emirates) and Qatar (Thailand Business News, 2012; Thailand Tourism Cluster's Blog, 2010). Typically, the ranking of International medical tourists, in 2012, patients from Myanmar was the second to UAE who sought the medical services in Thailand (Thailand Business News, 2012).

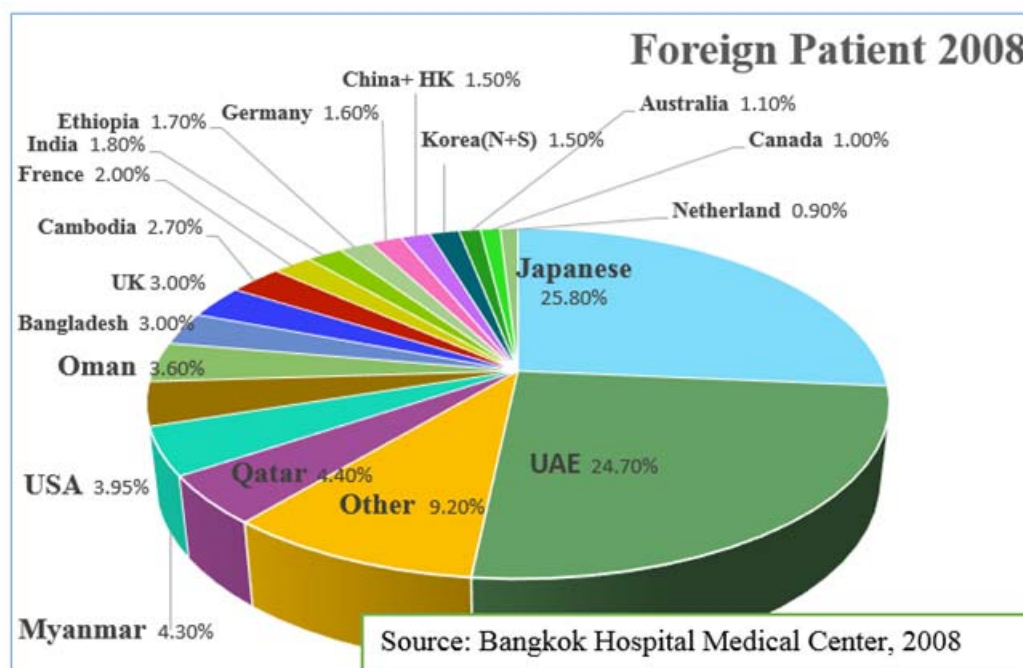


Figure 1.1 Foreign Patient 2008

1.2.1 Myanmar patients and International healthcare; Thailand healthcare services

The literature stated that the reason for Myanmar medical patients seeking care outside of the country was due to the structure of the country where Myanmar citizen suffered under military forces that created many gaps to seeking healthcare. Marrison (2013) studied the current Myanmar health care situation and found that the whole Myanmar population has limited access to services as well as encounter high costs for low quality healthcare services. Furthermore, the healthcare system does not work well and there was no social security protection such as medical health insurance to meet the need of patient's health. Another study stresses the absence of high medical technology support as well as current healthcare services running in really poor conditions when compared to neighboring countries (IPSOS, 2013).

In government's public hospitals, patients from Myanmar were forced to pay for everything themselves: IVs, medications, dressings, cleaning, food during their treatment (THE IRRAWADDY, 2013). The quality of care and limited access to healthcare services in Myanmar was the root cause for seeking medical treatment outside of the country, especially for complex health issues. This includes patients with heart diseases travelling to the Thai-Myanmar border to coordinate travel and funding for treatment (Collinson, 2013).

Clearly, patients from Myanmar require medical attention and therefore medical tourism in Myanmar has expanded. The Myanmar government has encouraged foreign investment in many sectors including the health care sector to fill the gap. As a result of this, there are 15 medical industries offering health services from different countries: 9 famous brands of Thailand international hospitals, 4 Singaporean hospitals and 2 Indian International Medical Services and one Malaysian health care service, including market-based promotion on health packages (IPSOS, 2013).

There is also a shortage of medical doctors in Myanmar. According to statistics from the Health Ministry in 2009, there were only six medical doctors available per 100,000 people in Mon state (THE IRRAWADDY, 2013). This has led to patient seeking healthcare in Thailand, specifically at Bunmrunggrad International hospital (THE IRRAWADDY, 2013).

According to the senior manager of the Bunmrunggrad hospital's office in Yangon, patients fell into two categories; "the very wealthy ones" who fly into Thailand for medical check-ups and "those who would like to get the correct treatment, but they cannot afford much. Therefore, they sell their properties to be able to effort to seek medical treatment in Thailand" (THE IRRAWADDY, 2013). It was cleared that patients from Myanmar sought medical treatment in Thai hospitals and they were categorized by social status, economic condition, and educational background.

Bangkok Hospital Chain reported that there was an increase in the number of Myanmar medical patients in 2010, and Myanmar was an important market for Thai Medical Centers (IPSOS, 2013). It can be noted that Thailand is thought to be the preferred choice for Myanmar nationals due to the close proximity of both countries

similarity in cultures. Myanmar medical tourists usually sought treatment options abroad such as health check-ups, cardiac treatments, orthopedics, pediatrics, neurology and oncology (IPSOS, 2013). The health care system in Thailand is aimed to expand their services to be well prepared and attract patients from the ASEAN Economic Community (AEC). In recent times, a Thai private medical hospital, namely, World Medical Center (WMC) held business collaborations with AEC members and the Mandala Family hospital, in order to attract potential medical patients. These, changed the target group to become Myanmar medical tourists, through the global competition market business (WMC, 2014).

1.2.2 Critical concerns of medical tourism

Medical tourism is a global phenomenon. Generally, medical tourism has been analyzed from the market perspective- where to facilitate the demand side in terms of commoditization of medicine, typically known as Thailand medical hubs, which operate as a profit-making business industry. Due to the pressure of demand, this industry has expanded with the movement of globalization as a commodification of personal health services and reallocates health structure and, human resources (Cohen, 2008).

In other words, commercial based health care, namely “the medical tourism industry” has become the commoditization of health services and has been exported around the world. This industry was facilitated by a dynamic growth of information sources, promotional themes, as well as small business organizations of medical services, health agencies, and medical brokerages to generate the profit-based health marketed toward a commoditization of health services. These health services are typically self-funded. Therefore, people can easily find health solutions with the ease of travel, linkage to global capital and networks and a large variety of elective procedures and treatment options, including health screening and the prevention (Bookman & Bookman, 2007; Cohen 2008; Whittaker, Manderson, Cartwright, 2010).

Medical tourism provide the quality of health services for improving the physiological condition, but also has an impact on mental health in terms of emotional moods and challenges of new social-cultural environment (Chen, & Liu, 2013). However, social scientists generally recognize that medical services are part of social

infrastructure and the practices of medical tourism can be seen as a social-cultural change. Consequently, the practices of medical tourism are more than 'give and take' between health services and the individual.

Distinctly, in the practice of biomedicine, most health professional focus on the treatment to cure illness by using modern technological science, where individual are a passive form that is shaped and reshaped by the systems of biomedical and medical science. An individual subjectivity from experiences of pain and feelings was hidden as a black box and it is rarely unpacked. For that reason, medical tourists and the medical tourism industry needs to understand through the anthropological lens, specifically, the critical perspective, and the meanings of these experiences.

It has been commonly understood that the medical tourism industry offers a variety of health options where medical patients purchased health care services by paying for their health needs. In other words, it is viewed as a commodity rather than as a right and a global public good (Woodward et al. 2002 as cited by Whittaker, Manderson, Cartwright, 2010), while the anthropological lens defines medical tourism from a different dimension that is beyond the physical impact. It can therefore be asserted that the medical tourism industry is a social construction. This is because medical tourism providers create many health care services and packages to attract medical patients, to fulfil their needs of health treatments, generating through the promotion themes, media sources, in recent time (Whittaker, Manderson, Cartwright, 2010).

There are visible and invisible setbacks to international travels for the purpose of seeking healthcare. Specially, medical tourism is profit based. This contributes to social issues. Those who lack resources to access health tourism faced health inequity (McMahon, 2013). This has led to a lack of study on medical tourism from the perspective of the critical subjectivity of the patient experience that focuses on the emotional life as a mode of perception, affecting the social and political economic concerns, as well as thought, desire and fear (Ortner, 2005).

Sobo (2009) claimed that anthropology has an important role to play in generating detail from specific locales. It can be beneficial to the program planners as well as the policy makers in designing programs to take advantage of the benefit from medical travel and in addressing the issue of disadvantages created by this same

activity (cited by Whittaker, Manderson, Cartwright, 2010). Moreover, anthropology is likely to study how people consume medical care abroad, who are the potentially participating in this fledgling industry, for what purpose and how do they exercises on these experiences. Additionally, anthropology emphasizes on the emic view point and is concerned about social vulnerability and socio-cultural changes as well as social effects and social construction. Social construction, in this sense, is related to the individual subjectivity.

Pasts study have focus on the health policy concepts such as medical travel practices, and the medical tourist industry that have challenged and impacted both countries with implication both indirectly and directly on the health systems (Whittaker, Manderson, Cartwright, 2010). This also concerns the ethical issue of organ transplantation and harvesting among the poorer populations (Nicolaidis, & Smith, 2012). This has implications on the socio political economic model that is concerned with the issue of equity to health care access by the local people (Whittaker, Manderson, Cartwright, 2010; Pocock, & Phua, 2011).

1.2.3 Researcher's interest

Based on the exploration of available scholarly literature, few studies have focused on health tourism and how is linked to subjective motivations to seek medical tourism as well as how the individual perceives the process as well as the subjective experiences of the individuals. Most of the research studies have focused on the business concept which emphasizes growth of patient movement and expansion of the industry. Very few studies have gone beyond the study of patient's satisfaction. There is a need for this subject to be studied from the perspective of in-depth patient's experiences. Anthropology is the critical lens which will allow the researcher to study the effect of medical tourism on the social being, culture, social structure and politics. This will allow the researcher to illustrate appropriate interventions in the area of medical tourism. This study will demonstrate that medical tourism contains the existence of 'emotional amplification' and 'extensive emotional' which comes from otherness as uncertain boundaries, and isolated decision making while seeking healthcare abroad (Paul, Valorie, Crooks, Synder, Johnston, & Adams, 2012).

Additionally, other research provide the evidence of a construct approach to argue the practices of medical tourism that are not simply perceived and judged through general understanding, but feeling of the human being that are lived and experienced (Cook, 2010). There is still limited to clear understanding of the individual movements in this industry, calling for a further perspective to go beyond these practices. Therefore, this critical lens was chosen to go deeper into the experiences of medical tourists from Myanmar.

This study will focus on medical tourists from Myanmar who seek private hospital health care in Bangkok. In terms of international medical services, both public and private hospitals provide health services to medical tourists. The services are similar, but there are some differences in terms of how healthcare services are accessed. Although the medical tourist can access the government hospital facilities, they choose to seek the private hospital, according to the growing number of medical tourists in a private hospital in Thailand (Noree et al., 2014). Private hospitals are chosen by Myanmar medical tourists due to their easy access, options of choosing the physicians or surgeons and updated medical equipment. This allows medical tourists a shortened time span of stay abroad.

1.3 Objectives of the study

- 1) To understand the context of healthcare systems in Myanmar and Thailand as it relate to medical tourism in Thailand;
- 2) To identify discourse of medical tourism and the healthcare marketing strategies of medical tourism to Thailand;
- 3) To explore Myanmar medical tourist's perceptions on medical tourism in Thailand;
- 4) To understand the subjectivities and experiences of Myanmar medical tourists within the context of the medical tourism , and the influences of healthcare systems in Myanmar and Thailand, discourse of medical tourism and Myanmar medical tourist's perceptions on medical tourism on their subjective experiences;

1.4 Research questions

- 1) What are the contexts of healthcare systems in Myanmar and Thailand related to medical tourism in Thailand?
- 2) What is the discourse of medical tourism and its healthcare marketing strategies in Thailand?
- 3) What is the perception of medical tourism in Thailand based on the medical tourist's perspectives?
- 4) How do they experience medical tourism following their individual subjectivity in the context of medical tourism?

CHAPTER II

THEORETICAL PREMISES AND LITERATURE REVIEWS

This chapter introduces the theoretical concepts, reviewed literature and conceptual framework utilized for this dissertation. Initially, theoretical perspectives of critical medical anthropology are provided to better understand the structure of the health care industry, as medical tourism industry is a global phenomenon. After that the individual subjectivity, motivation, perception, and individual experience on accessing international healthcare services are discussed. In the second part of the chapter, the researcher provides the literature review and definition of medical tourism, the international healthcare industry and health settings, and impacts of medical tourism. Previous studies of the discourse of medical tourism are discussed to understand the current discourse of medical tourism and healthcare services in Thailand. The last section of this chapter illustrates the conceptual framework.

2.1 Theoretical concepts

2.1.1 Critical medical anthropology

Critical medical anthropology (CMA) focuses on the social relationships and the social communities. CMA supports the understanding of disease and its treatment process within the context of a capitalist system (Wallerstein, 1979). As a critical perspective, CMA does not analyze the individual level of health-related issue and is not concerned with the way differences in the way global political economic powers shape social behaviors and experiences in the setting of medical anthropology. It is usually concerned with indigeoussocieties, slums areas, or ethnic minorities and social communities. Therefore, the anthropologist tried to develop and extend the critical theories from the root of Marx, Engels and C. Wright Mills (as cited in Bear, Singer, & Susser, 1997), in medical anthropology research. Similarly Foucault (1975)

explains that “the dominant ideology and social pattern in medical care are intimately related to hegemonic ideologies and patterns outside of biomedicine”.

In 1982, Bear and Singer presented the label of “critical medical anthropology”, the combination of the critical or political economic perspective into the medical anthropology (Frankenberg, 1974; Young, 1978 as cited in 2nd edition of Medical anthropology and the world system). Therefore, critical medical anthropology (CMA) tries to address the nature of health-related issues not only in indigenous societies but also criticizes the capitalist societies which focus on international health agencies with a large scale of the influencing factors on the illness where there has been little attention to focus and also interventions rarely occur.

CMA also tries to understand the social origins of the disease. In all forms of disease, there is a link to the other social research and to the public as well. Later, critical medical anthropology emphasized on health issues within the various contexts such as the forces of institutionalization, national and global scale as well as political and economic forces that shapes the social process, human relationships, collective experiences, and re-ordering local ecologies through the cultural setting. In addition, CMA views disease as a social product and a biological product. It seeks to understand the social and biological interconnections between the individual and the power structure. CMA also studies the inequity of health system developments. Moreover, Bear, & Singer (2007) explained that social origins are placed within the process and contradict the capitalist world system.

In addition, CMA seeks to understand power relationships and affect of biomedicine, and social groups in delivery of health services. In particular, CMA emphasizes on the power of biomedicine. This means that who belong the power of biomedicine, what kinds of powers that are expresses in social relations of social groups, the actors, and the participants in the healthcare system; and how it affects to the people (individual) who are involved in healthcare development of capitalist societies. It can be understand that the impacts of the power relations in delivery of health services need to recognize the existence of the social structure and relations that are associated with them. Relying on the concept of CMA, the capitalist based healthcare industry can be divided into four levels such as the macro level in the capitalist world system, intermediate level in the context of the healthcare industry or

institution to reinforce power on micro level which focusing on the perception of the medical tourism industry and the individual level which is concerned with experiences, resistance and subjectivity (Bear, Singer, & Susser, 1997).

Anthropology interested in the nature of transformations and the processes that are influenced by the capitalist world. CMA focuses on health related issues under social relationships, the political economic development of healthcare and medicine in the capitalist world. Therefore, biomedicine can be explained in the capitalist context because the healthcare system in the capitalist world reconstructs the healthcare structure; in the form of corporation.

In the macro phase, the global economic system was significantly developed as well as the capitalist based health care sectors, knowing as the medical tourism industry. These industry shaped and reshaped social life in the global era. Additionally, the international and national levels are concerned with the influences and the development of advanced medical technology or high technology. These technology invest in the healthcare sectors to become the capitalist orientation healthcare that is mainly stresses services rather than the other components.

The intermediate level focus on the class struggle and the professional in healthcare sectors. It is concerned with the power of healthcare development and delivery of the institution, policy that has been wide impact or influences resources, the health care sector, migration, and technology in the intermediate level. Moreover, hospital staffs and medical doctor (physicians) enjoyed this level in terms of medical hierarchies of the capitalist world in hospital settings. While, medical doctors (physicians) serve as a de-professionalization agent according to sociological concepts, because their (physicians) status as employees of the healthcare organization, mainly focus on financial issues. Moreover, the nurses who play the “doctor-nurse game” in hospital settings generally serve as health worker who plays the role of an intimate healthcare providers with patients in the communication sector. The cost and high wages affects the professionalization of hospital settings, having many medical doctors serve in public and private healthcare sectors, agencies as well as shifting the nursing staffs from full-time utilization to temporary services in hospital settings. It can be understood how the shift in social class and the role of medical doctors have changed the movement of professionalism in hospital settings.

The micro level refers to physician-patient relationships in healthcare setting. First, unequal power relationships stop the patients from discussing the healthcare process with the physicians. As a result patients often consult lay members of the health care group to continue their treatment and the decision making health care process. Second, patient subjectivity or patient distress are not taken into consideration by physicians who are more concerned with the pathogen (Bear, Singer, & Susser, 1997). For Singer, personal distress emerges from the different social factors and disease which does not only come from pathogen but it is related to social problems such as the environmental, occupation, nutrition, residential, condition and being powerless which contribute to disease (Singer, 2004).

The individual level considers the patient's responds to their illness or experiences of suffering and subjectivity. Individual experiences of suffering is constructed and reconstructed according to the condition of social and political economy that forces the shaping and reshaping of daily context (Bear, Singer, & Susser, 1997). Therefore, individual life experiences of seeking care may reflect past experiences. Additionally, the situation will be different from individual to individual based on experience.

Anthropology views medical tourism industry which is not simple as a commodification healthcare services, but this industry relate to political and economic issues and culture that affects to people to demand and desire in seeking healthcare in abroad. This industry serves as an important role in providing healthcare services for those who have no options, face the life or death condition, and limited on available health treatment in their home country that make them to seek better quality of care in abroad.

This study illustrate how the macro level of capitalist system that emphasize on the development of healthcare system and expanding healthcare industry, the intermediate level focus the power of healthcare development and the delivering of the institution, following to the micro level focus perception of the medical tourism and the last individual level. The individual level CMA lead to better understanding how individual experience and subjectivie on the way of seeking healthcare treatment in abroad. In other words, CMA approach portary the linkage from the macro political economy to the social relations of individual and healthcare. The researcher applies the

CMA in the issue of seeking healthcare in abroad to explore the power shaping from all level.

2.1.2 Discourse of medical tourism and development

Discourse concept was adopted from the Foucault who worked on the discourse and institution. Foucault works on “game of truth” within the field of science discourse and government authority in order to understand what can be true or untrue of judgment. In other words, Foucault defines “game of truth” as a set of procedures that lead to a certain result or as a set of rules by which truth is produced (Danaher, Schirato, and Webb, 2000). This interest on the public institution which have the authority to portray the truth and these truth are depend on the institutional and the discursive formation which help people to make sense of the world about themselves, their subjectivity, their desire and their experience in a certain practices (Danaher, Schirato, and Webb, 2000).

Discourse can be defined in various ways. Foucault (1969) discusses the concept of “Ruptures” that are massive changed in discourse and define the world that how populations see their dynamics and real world. These discourse provide a logic of world-making capacity through the connection of international, national, local, scientific and media (Mainil, Meulemans, & Platenkamp, 2011).

Foucault discusses the discourse which produce knowledge and these knowledge is constructed within the flow of discourse (Danaher, Schirato, and Webb, 2000; Whisnant, 2012). These flows construct the identity and image, or create the public figure through the discourse of media, knowing as media discourse. Media discourses are not consistent but it is based on the production of discourse from the institutions and the dominant power make people to accept it as true. In other words, the media representations or media events are not neutral, but it is determine by the institutions including political, economic, social and cultural structures (Danaher, Schirato, and Webb, 2000; Whisnant, 2012).

Moreover, Whisnant (2012) discusses on the Foucault’s discourse that discourse is a key to construct the reality in the social world, because it connect to the social practice and the organization that produce a meaningful of texts, a sets of Language and a sets of message towards the social beings. Therefore, these sets of

Language and message can create a world to be meaningful. And the discourse can be seen in both public and private institutions, as well as in everyday culture and practices such as the discourse on media, magazine, television, online internet which portray through the way to persuade and attractive of people.

Medical tourism industry has developed with the help of the government who possess the strong economic strategies and market to boost the medical tourism industry (Cohen, 2008). In order to promote the healthcare services, medical tourism industry create a sets of Language such as “low cost of airlines”, “attractive tourism resources”, “the competitive medical cost” and “sophisticated in medical options” promoting through the media of health market (Cook, 2010).

Moreover, medical tourism industry create the new idea to demonstrate the knowledge of health and health message through media and marketing activities. They described the constructive knowledge of health and health message “medical experts”, as “high quality” and “high-technology” in the medical treatment process of the medical tourism industry. Thus it can be understood as a medical tourism discourse (Rollyson, 2010; Turner, 2007b). Another form of the medical tourism discourse is “quality of care”. This discourse is the main keys to cater the medical tourists who demand for the high quality of healthcare (Rollyson, 2010; Turner, 2007b).

Turner (2007b) explained the quality of healthcare as the healthcare services which provide an “expert of medical professional” who trained from the United State, Canada, Austria and the United Kingdom to ensure the global standard of healthcare services in hospitals. It also include the global recognized standard accreditation such as Joint Commission International (JCI), the International Standard Organization (ISO). All of these certification was promoted as medical discourse in the medical tourism industry through the health market to medical tourists.

In addition, there are many countries which promote their healthcare services in many possible ways. Especially, using the discourse of medical tourism to attract the patients around the world.

Speier, & Whittaker (2010) discussed on main barrier to access medical treatment in the United State (US) that the high cost of healthcare and limitations to access medical treatment as the roots cause of seeking healthcare in abroad among people from the US. Therefore, medical tourism industry create a new avenue of

seeking healthcare as “the world class healthcare services for third world prices” to attract the patients around the world (Hadi, 2009). These message serves as a signal and a discourse of medical tourism which portray on media, published paper to persuade the idea and knowledge of people to medical tourism industry. Evidence on the promotion of cosmetic surgery package that has been used in online marketing advertising is that the product of “body capital” via a tango product, in Argentines (Baron-Faust, & Viladrich, 2013).

Crooks, Johnston, Kingsbury, Snyder, & Turner, (2011a) emphasize on the message of medical tourism industry which distribute in health trade show of Indian hospitals. The authors illustrate the health message of healthcare services by using the marketing facilities to attract patients from Canada in order to seek healthcare in Indian hospital. Specifically, the health message stresses the available mix services in the health market in India as “a hubs for state-of-the-art Ayurvedic healing” (Hazarika, 2010). Such descriptive message of medical tourism industry was portrayed through the media and online published to draw the patients around the world (Turner, 2007b).

Moreover, Thailand promoted themselves as a “medical hubs” which can access a variety of healthcare options in one place to all patients (Cohen, 2008; Rollyson, 2010). And Thailand Medical Tourism offer high quality of care to affordable prices, many healthcare services, penetrate the market together with the tourism services and resources (Cohen, 2008). Bumrungrad International Hospital was recognized as “the world leading medial tourism services provider”, and the “first JCI accredited” hospital in Thailand (Connell, 2013). All of these information shapes the knowledge of people who is seeking the healthcare in abroad.

Healthcare services promote through the health market such as “no-longer waiting list” in queuing process, “a variety of health options” (Rollyson, 2010; Turner, 2007b). They promote the healthcare services with the terms “luxury hotel, facilitate with translators, religious affiliations, and visa requirements” that make people to ease on receiving healthcare services from the medical tourism industry (Speier, & Whittaker, 2010). Moreover, these industry create the opportunities of medical tourist to enjoy the tourism resources during receiving the treatment in abroad (Turner, 2007b).

All of this message use by many media and medical tourism industry to portray the development of healthcare structure and the capitalist healthcare services to serve medical treatment to all people. This message serves as a discourse of medical tourism to penetrate the health market, knowing as a “market discourse”. And this discourse produced to draw patients around the world by the capitalist healthcare and healthcare industry.

These market discourse target to the idea and knowledge of people, the perception of people to make a decision on choosing the healthcare services and the destination countries. Therefore, people are related to the medical discourse which generate through the market discourse of medical tourism industry. It can be understand as patient discourse.

Mainil, Meulemans, & Platenkamp (2011), identified the four main discourses of the medical tourism. First, “medical discourse” emphasize on the attitude and role of the medical professional toward medical tourism, including their characteristic, power of medical and management standards. “Market discourse” refers to the business market approach combine with medical services, namely medical-related business. These practices related the global economy to the consumer choice and ethical concerned. “Ethical discourse” concerns on the medical standard and health providers towards the medical patients, specifically the relationship between the public health, National health and medical tourism and the commodification health services, providers. “Patient discourse” stress from the patient perspective as the role of the patient in the new world to their perception, thought, behavior, communication, choice for their health.

Smith (2010) discussed the dominant discourse of medical tourism into two aspects; a neoliberalization discourse and human right discourse. The author argued that the nature of commercial healthcare system bring the high-technology as well as the modernized healthcare infrastructure to make the public eyes in positively progress in healthcare structure. Despite the fact that medical tourism play a key driver of economic development, particularly impact on equity for more vulnerable groups within destination countries.

Therefore, the information, health knowledge of medical generating through the market strategies and media play an important role of promoting health

related services for medical tourism industry. The concept of discourse was chosen to analyze the development of medical tourism industry, the existing of market strategies which produce the information of medical tourism industry to people.

2.1.3 Subjectivity and Experiences

Subjectivity is the root of the culture that lead to understand the complexities of the individual or personal subjectivities in unequal power relation of the contemporary world (Ortner, 2005). Subjectivity is an inner soft part of the human life that concern the mode of feeling and the formation of meaning (Good, 1994 as cited in ch.1 as cited in Biehl, Good, & Kleinman, 2007).

Anthropology often used the terms of “subjectivity” that refer to the emotional life of the political subject. Luharmann (2006) used the psychological model to explain the subjectivity. The author stated that subjectivity is a social part of emotion that help to understand the inner part of human life and emotions. These emotion are created by the local culture. In addition, Ortner (2005) discussed that subjectivity comprise in a variety of mode, including the mode of perception, affection, thought, desire, fear, and action which animates the acting subjects.

The common definition of subjectivity is that subjectivity is a reflection forms which emerges from underground economies and inhumane settings (as cited in Biehl, Good, & Kleinman, 2007). Anthropology focus the subjectivity in the context of social and cultural life that subjectivity emerges from the instutional and the interaction where the individual practices. People reconstruct the meaning based on their experience which shape by the ethical deliberation, social and political process (as cited in Biehl, Good, & Kleinman, 2007).

Kleinman explained the subjectivity as the concept of transformation in social experiences. Because these subjectivity involve in human being physiologically, in specific cultural settings, political and economic positions. In order to explain the influence of malleability of life experiences that was shaped and reshaped by the process of social, political economy, Kleinman use the terms of “human condition” to explain the macro setting. These macro setting as a global market and institutional level impact on the individual level in terms of affection, meaning, and subjectives feelings in everyday exercises (as cited in Biehl, Good, & Kleinman, 2007).

Ortner (2005) stated that subjectivity is a complex form of culturally and emotionally concerned. These subjectivity is an ongoing process of reflexivity, monitoring the relationship of the self to the world. And subjectivity help to understand the complexity of inner part of experiences that shaped by the social and cultural transformation in everyday life. Moreover, experiences is intersubjective that concerns with the practices, interaction, negotiations, competition itself or others (Biehl, Good, & Kleinman, 2007).

The practice and experience in seeking healthcare, the individual subjectivity and the expression of feelings was neglect by medical doctor. Cutter (2003) stated that medical doctors are not a good listener to listen the expression, and subjective feelings of individual and medical doctors emphasise to cure the clinical symptom rather than the cure the inner pain's and subjective feelings of patients.

Moreover, Brotherton (2008) studied the practices of accessing healthcare services from Cuba's socialist health system. The practice of seeking healthcare is related with human body and body's health, human life and subjective feelings. For example, Luis who worked as an editor and 28 years old, suffered from the severe myopia. He sought to access the healthcare services in socialist healthcare system. Luis produced the subjective feeling based on his experienced in seeking to access a pairs of glass. His subjective feelings were related with the healthcare structure and related with cost; "Living in Cuba with dollars is not like living in Cuba at all". Luis shocked for additional cost of specialized cleaning and the high price of lenses.

The individual subjectivity, thought, feelings, the desire, perception were changed in the social and cultural formation of capitalist healthcare structure. Because medical tourism industry is constructed and reconstructed by social and cultural settings. These industry create many health options to attract and persuade the medical patient's thought, desire, feeling, perception to consume their products in different promotions (Cook, 2010). Consequently, people travel for seeking healthcare in abroad, but the practices of each individual were not the same. For example, people travel for accessing the reproductive treatments in abroad which is different with the other forms of medical tourists. Because such treatment not only concerning to get the baby only, but it is also related with a complex form of anxiety, hope, pain, money, and time, during the treatment period of travelling (Speier, & Whittaker, 2010). Paul,

Valorie, Crooks, Synder, Johnston, & Adams (2012) stressed that the extensive emotional and subjective feelings were typically founded in the medical tourism movement to different social spaces.

The concept of the subjectivity is that interpretation the meaning of the unique experiences and silences expression of emotionally. Ortnier (2005) emphasized on the social and political structure that influences on the subjective feelings and mode of expression. Luharmann (2006) analyzed the subjective feeling by using the psychological model of emotional feelings. For the Klein man focuses on the transformation process of human subjectivity. The researcher use the concept of subjectivity to explore the inner life and subjective experiences on seeking health experiences of patients from Myanmar.

2.2 International healthcare industry in services and medical tourism

The internationalization trade in services are rapidly growing due to the needs of the global economic. And the international healthcare services is included in the international trade in services which create a new healthcare sector in terms of internationalization healthcare services namely the medical tourism industry (Janjaroen, & Supakankunti, 2015). However, medical tourism industry is a global process that transforms the market based into international health services. These industry involves in the institution of the World Trade Organization in terms of the general agreements of trade in services, to improve the health status, and to access healthcare services by allowing the individual to choose a variety of health services in different countries (Janjaroen, & Supakankunti, 2015; Rollyson, 2010).

According to the transparency market research in 2014, medical tourism industry predict to worth US \$ 32.5 billion for the global medical tourism market in coming 2019 (Business Wire, 2014). Consequently, they invested heavily in health market to become international and privatization of healthcare services. The investment of healthcare services intend to offer a luxurious healthcare infrastructure and advanced medical technology mainly to satisfy and meet the international medical tourists' demand, as well as to gain more financial of foreign currency (Janjaroen, &

Supakankunti, 2015). Therefore, medical tourism found under the flow from the global development.

Providing the healthcare services to international medical tourists is a complex and important issue. Medical tourism industry does not stand on one episode of health services, but related to political and economic elements such as the investment in infrastructure, marketing facilities, profit based healthcare, Language cultural diversity, consideration to patients' health and life changing (Chee, & Whittaker, 2015). Rollyson (2010) stresses the consequence of the development healthcare structure that affects to destination countries' health system and the individual movements to families to persuade the practice of medical tourism.

Additionally, a dynamic growth of medical tourism has been distorted on both sides of the country's healthcare system as well as raised the question of equity and social justice and a human rights, especially that restricted to access the care among the larger population who cannot access quality of care (Connell 2011; Hadi 2009; Smith 2012; Whittaker, Manderson, Cartwright, 2010).

In the light of medical tourism, the equity issue was prominent that was strictly to access of healthcare services, limited to access medical expert calls for the human right to health issues. WHO (World Health Organization, 2013) reviewed that "The right to health means that governments must generate conditions in which everyone can be as healthy as possible. Such conditions range from ensuring availability of health services, healthy and safe working conditions, adequate housing and nutritious food. The right to health does not mean the right to be healthy". Medical tourism industry is a distorted signal to the healthcare system in terms of the policy makers from the human rights perspective, public health point of view, and the political economic perspective.

2.2.1 Medical Tourism and Definitions

Many professional and health researchers described the terms of medical tourism in many ways, but there has unstable usage on the movement of medical patient internationally (Cohen, 2008; McKercher, & Wongkit, 2013; Turner, 2007).

The label of 'cross-border trades in health services' is used by trade specialist and economists and currently was not popular. 'Wellness tourism' usually

focuses more on the visiting to spas, rejuvenation centres, massage therapists and spiritual retreats. For the label of health tourism used to describe the prevention stage of illness and usually label as 'preventive medicine' providing the executive physicals, vitamin and dietary needs. Generally, 'medical tourism' was widely used to describe by many medical brokers and journalists, recently known that concerning on the individual movement of travelling for medical treatments such as cosmetic surgery, cardiological procedure. In addition, 'medical tourism' seem to be an artful term of advertising session, which currently catching on the head on newspaper, media coverage and is still widely used by many medical brokers and destination countries (Turner, 2007b).

Specifically, Cohen (2008) discussed the term of medical tourism in the five- stages. Firstly, 'mere tourist' refers to who does not use any medical services. 'Medicated tourist' who received medical services in destination countries due to the accident occurring. Following to the other types is that 'a medical tourist proper' refer to the individual who participated in both the medical treatment as well as the vacation; and 'vacationing patients' who mainly receive medical treatment and also take the opportunities for vacation during the convalescence period following an operation or some specific treatment. The last type is referred to 'a mere patient' who mainly come for medical treatment only and does not take any types of vacation opportunities.

While, McKercher, & Wongkit (2013) argued the term of medical tourism which categorized by Cohen that the first term of 'mere tourist' and 'medicated tourist' does not fit to describe the medical tourism as well as the term of 'vacationing patients' and 'A mere patient' based on the period occurring inside or outside movement of a hospital. But, there was a sense of medical tourism: who mainly come for medical treatment and who combine with a holiday with treatment.

It can be understand that medical tourism was defined in different meaning based on different perspectives used to define it. The meaning of the "medical tourism", "medical travel", and "health tourism" seem to be the same meaning and sometime diversified.

Generally, "medical tourism" is a patient travelling to a foreign country to seek the elective care and more related to serious health issues, in contrast with the

meaning of “Health tourism” refers to people seeking care from other countries with the enjoyment of the vacation time and leisure activities (Rollyson, 2010). “Health tourism” refers “the organized travel outside one’s local environment for maintenance, enhancement or restoration of an individual’s well-being in mind and body”. In contrast to the “medical tourism” in which “organized travel outside one’s natural health care jurisdiction for the enhancement or restoration of the individual’s health through medical intervention” (Bridges, & Carrera, 2006 as cited in OECD).

Carrera & Lunt (2010) stated the term of medical tourism as an individual mobile through their own volition and do not make use of EU rights (generally known as “cross-border care”). This seeking healthcare practices typically pay by self-funded for the cost of health care. While Bertinato et al. (2005) claimed for the concept of cross- border care patient that people who use the European citizenship rights to access medical treatment in the members of EU countries and also has right to receive medical care in other EU members. This right has been included the reimbursement from the national government for the cost of health care in the home country, has been set up by the European Court of Justice on consuming private healthcare in other EU members (as cited in OECD).

Terms used within the study are introduced and defined by Small and Medium Enterprises (SMEs) (2008) in Thailand, that has been established the meaning of medical tourism with three categories, in general;

Medical tourism - a person who combine both medical services and pleasure activity in destination countries.

Medical tourism- a person who travel for a long distance with the purpose of medical treatments or health services in foreign destinations.

Medical tourism- a person who intend to do medical services in Thailand Medical Hubs where are unavailable in home country or pretty much lower price than the home country. The term of medical tourism in this study was adopted by the SMEs statement on the medical tourism that covered for all three categories of the medical patient.

The purpose of this study describes that ‘medical tourism’ refers to individual who travel abroad based on the patient's decision and based on the purpose of medical issue to access health care services with or without including the leisure

elements activities. There has been excluded from the individual medical tourists who urgently needed the health treatment during vacation, by an accident and need to access health services in destination country. And other ones has been excluded in this study, referring to the medical tourist who staying permanently and accessing medical treatments in destination country. Lastly, the referred patients from home country to destination with an urgently illness condition was excluded from this study.

2.2.2 Medical Tourism; motivation, dynamic flows

It is commonly noticed that the low cost of health care is the main motivating factors, following the long waiting list for many procedures that encourage medical patients to seek care outside of the country (Keller & Associates, 2012). While, Glinos et. al. (2006) states the key drivers that motivate people to seek healthcare in abroad such as familiarity, availability, cost, quality and services, fertility treatment, and euthanasia services. Recognizing that there may be diverse indecision on seeking treatment abroad, but sometime the reason may depend on the nature of patient and the illness condition.

For the Flash Barometer survey (2007) emphasized on all forms of patient movement in the EU health market suggested that the motivation factors; lack of availability of treatment at home; the better quality of treatment abroad; the provision of services by specialists; fast and affordable of treatments (OECD). Other factors that may concern to illegal healthcare services in home country in which patient who suffer from renal failure, seeking commercial organ transplants in a destination where can access the kidneys (Froelich, 2012). Lack of the health insurance coverage in developed country is also one of the driving force to decide for seeking foreign health care (Hadi, 2009).

A common and distinct medical patient movement is, generally, people from high income countries travel to seek care from developing countries due to the pressure of the health care cost and double-digit process for medical procedures in home country especially the U.S. nationals. In addition, the affordability coupled with effective and timeless on destination countries when compared to a homeland that are motivating people flying out from country to seek care in different destinations (Bookman & Bookman, 2007; Rollyson, 2010).

The directions of seeking healthcare was changed from rich and poor countries where can afford the highest quality of health care (Arellano, 2007; Hadi, 2009; Smith, 2008; Whittaker, 2008). Connell (2011) states some national citizen movements such as patients who from Burma and Yemen, who faced difficulty to access healthcare in home countries travel to seek healthcare from outside of the country to get the new healthy lives.

Due to the increased patients' movement to seek the healthcare in abroad, there are many countries exported the health services around the world such as Thailand, India, Mexico, Singapore, Turkey, Ireland, Costa Rica, South Africa, South Korea, Taiwan, Philippines, and Malaysia (Keller & Associates, 2012). The medical tourist industry generated the benefit cost from the worldwide market of medical travel about US \$60 billion in 2008 and expected to US \$100 billion by 2020. Most of the data has been relying on the Deloitte (2008) survey supported that the mobile trend of Americans travelling abroad for medical care, about 750,000 US patents in 2007, expected to increase six million by 2010.

2.2.3 Medical tourism and Impacts

Medical tourism is a globalization process. Beyond the extension of globalization many sectors was emerged especially in healthcare sectors related to the worldwide market, capital trade, labor, and the transformation and information by technology as well as professional training. Medical tourism industry was designed for both the wealthy, and the middle classes (Cohen, 2008).

In Southeast Asia countries, the medical tourism industry was run by both private and public health sectors. The governments have encouraged the growth of this industry, but the impact on the health system in terms of equity in access to health services is still unclear (Pocock, & Phua, 2011). Whittaker, Manderson, Cartwright, (2010) conveyed that although the capitalist industry has benefited from generating in foreign income, however, it has distorted the promotion of health systems in participating countries.

While there are many scholars interested on the destination countries and the comprehensive healthcare services and treatments (Rollyson, 2010). Medical tourism has reflected uneven development of the global capitalist system. Notably, in

terms of neoliberalism or globalization, this industry creates inequitable a much larger population, balkanized health systems as well as the health work forces in India (Hazarika, 2010; & Smith, 2010).

In fact, medical tourism create the social and health risk for the providing countries in terms of harvesting health worker from the public health sectors shifted to high pay jobs in medical tourism industry, private health sectors where Thailand and Malaysia had been experiences on brain drain that moving from rural to urban health sectors (Connell, 2011; Snyder, et al., 2014). While the Bumrungrad International Hospital argued that the medical tourism industry does not detract the national health system, instead local people have opportunities to access the well-qualified doctors at little or no cost (as cited in Connell, 2011). However, medical tourism becomes a major sector of delivering in quality of care in the globalization movement, and has challenges to the national health system in both side of the countries and raise the critical social and ethical issues, especially medical tourism in Thailand (Cohen, 2008).

Recognizing that medical patient pay attention on the quality of care. In the recent time, many destination countries established national and international accreditation to attract the international clients, to make patient trust on their healthcare services, ensure their quality and services. A variety of signals in quality and healthcare services portaryed through the media and publish papers to avoid the negative connotations from the patients (Turner, 2007b). A typical signal were that accreditation for Health Organizations, Joint Commission International (JCI), and Western licensing and training of medical facilities that present a signal of popularity of medical tourism (Hopkins, Labonte', Packer, & Runnels, 2010; Turner, 2007a; Turner, 2007b). Moreover, advanced bio-medical technology devices and innovative procedure displayed on both print and website to persuade the consumer medical patients as well. It is clear to see that medical supporters and industry use many sophisticated marketing tools to influences on medical patient's the decision making on destination places (Turner, 2007b).

Turner (2007a) stated on the quality of care as that is the practice of seeking healthcare in aborad especially in organ transplants may increase morbidity and mortality rates due to the quality of care and safety related to other medical procedures. Moreover, the author discussed on the continuing care process which

patients return to home country with no document of receiving health treatment in outside of the country.

Garcia-Altes (2005) stressed that potential international medical patients are more likely to associate on the risk of the lower cost and the quality of care, due to the mal-medical practices or poorly surgery, could cause permanent health issues or even death (as cited in Crooks, Johnston, Kingsbury, Snyder, & Turner, 2011). It can be said that saving cost is the main priority on decision making on seeking a specific healthcare, but the result confirmed that the cost is more arise where travelling abroad for care and patients return from treatment abroad getting an experiences complications (Hanefeld, Horsfall, Lunt, & Smith 2013).

Medical tourism industry had been concerned about a potential risk practice under the policy, legal concepts. Cortez (2008) stated on the legal forum concerning on the safety of international patients on seeking care abroad that medical patient would not have compensated when facing the problem of medical mal-practices and other consequences of pain and suffering, especially in Thailand Hubs. The practices of medical travel industry are also elaborate with the legal issue concerning on the organ trafficking in the black markets (Nicolaidis, & Smith 2012).

Additionally, Mason, & Wright (2010) hypothesized on the information of quality of care that little information on risk, credibility, and the interactive features for consumers had found to differ by region and type of facility. The author resulted in terms of risk messages that was drawn from the frequently asked questions (FAQs) page analyzed that 11.9% addressing convalescent care, 7.1% procedure risk, 2.6% offering some information on legal recourse, and 13.9% for potential complication.

Similarly, Carrera, & Lunt (2010) claimed that there has not been published the health and possible knowledge regarding on the risky behavior of medical patient involving with air travel that concerning to thrombosis. The other is related to the ethical and legal issues which concerned with all forms of medical tourism in terms of fertility tourism, transplant tourism, stem cell tourism. Concluding with the stressed on the practices of medical tourism from the policy standpoint is that “medical tourism is caveat emptor- buyer beware.”

Crooks, Johnston, Kingsbury, Snyder, & Turner (2011a) emphasized on promotion of medical services and inferior of medical services in India are related to

the lower cost of healthcare. Typically, the risk cost of healthcare was happened in Thailand medical tourism in the case of American patients, namely Joshus Goldberg who is 23 year olds, died during the healthcare services. Although a criminal investigation and the law farms focus on this case, the issue are not cleared (cited in Turner, 2007b). There is no way to know the practices of medical travel internationally may take a risk on medical procedure, due to no more scholars for this study. There is a need to study on the individual experiences on seeking care internationally, and their subjective experiences of receiving Thailand health services.

Moreover, Chen, & Liu (2013) stressed on the nature of medical tourism that, it can be considered an individual cultural value and a preferences in choosing foreign medical services. But the challenge is related to the human body, the inner minds, and the ability in communication in the new environments and unfamiliar situations. Medical tourist is the ill person that may be sensitive to the unfamiliar situation and the mental condition to open for receiving the medical treatment in abroad.

In the healthcare services, the spoken language plays an important role because patients come from different countries and they have their own Language culture. Candib, & Ferguson (2002) stressed that race, ethnicity, and Language had an impact on the quality of relationships between the doctor and patient. Result showed that patients, who is not proficient in English language has a less chance to get responses from the physicians, less receive sufficient information, and less encouraging participating in medical decision making. It can be noted that Language culture is directly related to the patient's health and mental health in the doctor and patient communication and the treatment process (Goode, Dunne, & Bronheim, 2006).

With respect to the dynamic growth of the medical tourism industry in India, creating on high cost of provision of basic health care, especially in the provision of stem cell therapy and creating the middle class medical experienced in bankruptcy. Moreover, forcing the poor larger people to enter the risky experimental where medical technological devices are less developed (Patra and Sleeboom-Faulkner, 2009).

Moreover, Howard Staab and Maggie stress on the situation of the patient who facing the life-threatening health issues and high cost of medical bills, with an

empty of bank card-“sell their homes, obtain loans, borrow money from friends and purchase treatment.” Although they overcome the health crisis with an outcome of positive health result, they have to face the financial crisis. It can be argued that the inability to access medical services are more likely to contribute to fatal consequences; in other words, individuals may survive with health problems, but suffering on diminished quality of life (as cited in Turner, 2007b).

The local patients in Thailand, NaRanong and NaRanong (2011) claimed that the middle class of the Thai nations faced to continue for seeking care due to the high cost of health care in private hospital, and especially in a poor nation faced more difficult to access the private care (as cited in Connell, 2011).

2.3 Explain Conceptual Framework

Critical Medical Anthropology has been used as a lens to understand subjectivities and experiences of Myanmar medical tourists in Thailand. The main assumption of critical medical anthropology is that the individual level with subjectivity and live experiences of medical tourists are influenced by multi-layers (macro level, intermediate level, and micro level) of social, political and economic forces under the commercial health care systems namely medical tourism.

In this study, the macro level is referred to political economy forces of commercial health care both in Thailand and Myanmar. The intermediate level focuses on the discourse constructed by the medical institution as well as the health trading using the intensive marketing strategies to promote the medical tourism industry. The micro level emphasize on the perception of Myanmar medical tourists reflecting the interaction between the health provider side and the health user. The individual level refers to the subjectivities and lived experiences of the medical tourists in healthcare seeking to the medical tourism in Thailand, which is influenced by political and economic forces of healthcare in Myanmar and Thailand, discourse of medical tourism, and the perception on the healthcare services.

2.4 Conceptual Framework

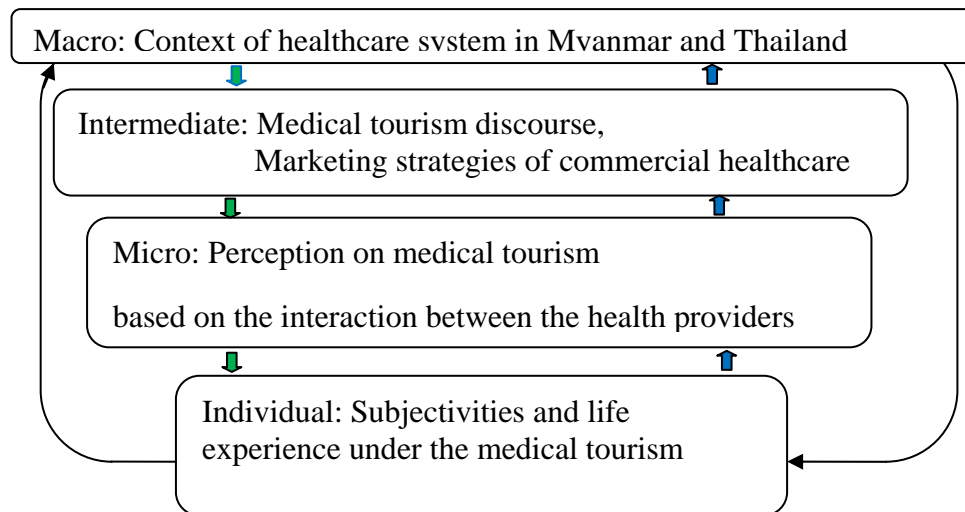


Figure 2.2 Conceptual framework

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research Design

The research aims to examine the subjective experiences of medical tourists in the context of the commercial health care industry namely “medical tourism”, and to find out the social, political and economic forces affecting the subjectivities and experiences of medical tourists from Myanmar.

This research was qualitative in nature and carried out using the lens of critical medical anthropology. This study was carried out with multi-methods of qualitative research design in order to understand the holistic picture of the medical tourism phenomenon. It includes interviews, documentary study, and observations. The qualitative research design has allowed the researcher to look deeply and clearly into the study of the phenomenon of the medical tourism industry, and how the frame of social relationship affects meaning, and communication of people in the social world.

3.2 Research Site Selection

This study was conducted in Bangkok, the main medical tourism destination of Thailand. Bangkok has been regarded as one of the most famous destinations for medical tourism with global standards of healthcare services. Most of the famous private hospitals in Thailand are located in Bangkok. Private hospitals in Bangkok are also very popular with those who travel from neighboring Asian countries including people from Myanmar. In 2010 it was reported that the number of Myanmar medical tourists come to five largest private hospitals in Thailand, estimating 7.22 percent, standing as the fourth-ranking among the top-fifteen countries where medical tourism is sought (Noree et al. 2014). The phenomenon of medical tourism is predominantly concentrated in the private hospital. Major private hospitals

advertise their services in newspapers, travel periodicals, and even on television. That practice has been introduced into the international sphere (Cohen, E., 2006). Therefore, the private setting will be helpful to understand the power of medical tourism that has an influence on the experiences of Myanmar medical tourists.

The research sites are located in the west-central region of Bangkok, the capital city of Thailand. The research site is situated at an affluent area that has tourist attractions such as Central Plaza Shopping Mall Center, and another complexes. The buildings were designed by excellent furniture, modernized styles that hopefully designed to provide from outpatient clinic and inpatient from international as well as Thai patients. Both hospitals are situated in the same province, providing a shuttle bus for the patient's convenience, mainly from air-port to hospital and vice-versa. The other hospital also provides the shuttle bus to the others recreation areas such as shopping malls, and the BTS sky train station to offer convenient to the patients who seek healthcare in Bangkok.

These hospital sites mainly designed to attract international patients, including patients from Myanmar specifically. As the private hospital s provided the highest-quality of care, combination of advertisements of the JIC accreditation, ISO certification as well as world class of medical treatment and technology, it is able to attract and persuade medical tourists from around the world to seek treatment there. Moreover, this hospital was established as a green field project to take advantage of the latest hospital quality standards to support the medical tourists with advanced technology.

3.3 Sample selecting and recruitment process

The purposively and snowball samplings were applied to recruit key informants of the study. The researcher began by contacting the health coordinator who has worked at one of the private hospitals that offers medical tourism to the Myanmar patient population.

The researcher obtained the support from the Myanmar health coordinator to access those two research sites. The researcher applied the snowball technique

starting from one to another through the health coordinator and informant's networks to reach the targeted sample population.

The targeted sample population of the study was comprised of patients from Myanmar who travel to Thailand to seek medical treatment. The inclusion criteria of the informants of the study were as follows:

(1) The informants originated from Myanmar with the purpose of seeking medical treatment and healthcare in private hospitals in Bangkok, Thailand.

(2) The informants have experienced receiving medical treatment for at least one week or more in Thailand and were at the time of the data collection in Bangkok.

(3) The informants consent to volunteer cooperate in the data collection.

In total 18 informants met the above criteria and formed the research sample, including ten informants were medical tourists and eight were the patients' relative or family members who came to support the patient. The informants were aged between 40 to 75 years old. Their health issues were mainly heart disease and cancer. Other health problems were related to the eyes, bone and nerves, and some undetermined illness. The age of the key informants are ranged from 30-42 years old.

All informants were willing to share information on the process of seeking healthcare, the experiences in seeking medical treatment, their feelings and their expressions. The Myanmar healthcare coordinator also was as one of the key-informants of the study. She was really pleased and willing to support the research. She did not only help, but also advised the researcher to observe the environments and the place where patients from Myanmar stayed. Participant observation also took in each interview step of the study.

Rapport building was developed during the field data collection process. The researcher visited key informants quite often and introduced herself as a graduate student. The researcher explained the objectives and nature of the research to make them feel free to share their feelings and subjective experiences. Interview venues were chosen based on the participants' availability, convenience of time, time, privacy and informed verbal consent to participate in the study.

3.4 Entering the Research Field

After receiving approval from the ethical committee of health social sciences research, Mahidol University, the researcher went to the field site to meet with the Myanmar Healthcare coordinator to introduce herself and the research project. She had a wide knowledge of the international healthcare and has provided services of medical tourism as well the social network and good social relationship with medical tourists from Myanmar. The researcher requested to interview the Myanmar health coordinator as a key informant of the research study to enrich the information of the international health services and health settings as well as the knowledge of health agency which served as a bridge between patient and hospital.

At the second appointment, the researcher received information on the network of participants who would actively be involved with the study. The interview area was not fixed but depended on the convenience of the informant. As the researcher frequently visited the key informants, they, sometimes called for help when there was a language barrier. During the data collection period, the researcher donated a breakfast set to a Buddhist monk who was actively involved in the study. The researcher was also involved in assisting the medical tourists in the operating theater at the request of the patient and with the permission of the doctor. The research process went well due to the strong base of trust created by the researcher. More information was gained through the in-depth interviews, narrative interviews, key informant interviews and observation tools. The researcher sought permission to make audio recordings of each part of this data collection process and took short notes where possible. The informants were assured of their privacy and therefore shared their experiences freely with the researcher.

3.5 Research Method

The researcher employed in-depth interviews, key narrative interviews and methods in observation to collect information. Observation was also applied when the researcher needed complementary information.

3.5.1 Documentary study

Documentary study was also applied in this research to demonstrate and describe the context of the study. This allowed the researcher to gain deeper insight into the perceptions of the informants. The documentary study offered certain information that allowed for deeper understanding of the study. This tool also provided information on what was the reality behind the motivation of the informants' responses. Secondary data from newspapers, brochures, government reports, legislative documents and historical documents that related to the topic of medical systems and discourse on medical tourism were analyzed for contextualization of collected data.

3.5.2 In-depth Interview

The in-depth interview served as the main research tool of this study. Through the network of the Myanmar healthcare coordinator from the private hospital, as well as the snow-ball technique, 18 informants were invited to participate in the study. The Myanmar healthcare coordinator was also invited to support the knowledge and process of the hospital settings. This study focused on the informants' personal experiences of being medicals and medical tourism, and their perception of the healthcare seeking experience, and accessing international healthcare services. Simultaneously, the researcher also observed the environments in which the informants were housing themselves in Bangkok. This observation provided valuable information on the practices of the participants, their family members (patient's relatives), the problems they faced and their life experiences and the daily activities while seeking healthcare services in Thailand.

After one week of observation and getting the trust and friendship of the participant ten interviewees will interview. All ten interviewee match the inclusion criteria of the study. Additionally, 8 keys informants comprise of relatives of the patients will also interview. Each interview took a proximately one hour. Each interview was granted verbal consent by the interviewee.

3.5.3 Narratives Interview

Narrative interview was used as a tool of the study and this tool was used to obtain the participants previous life experiences in seeking healthcare. The researcher applied the narrative interview in three phases; first was about the lived experience of an ill person, second phase was concerned with the seeking health experiences, and the last referred to the recovery state and analyses of their own experiences. The narrative interview helped the researchers to better understanding the deeper meaning of the individual subjective experiences of each informants and their own world.

3.5.4 Key Informant Interviews

The Myanmar healthcare coordinator was a key informant interviewee. The interview took about one hour and focused on the knowledge and process that the Myanmar healthcare coordinator had.

The rest of the key informant interviews were conducted with 8 family members and relatives of patients seeking healthcare in Bangkok. Each interview took between one hour and more based on the availability of each participant. The interview focuses on the informants' perceptions of the health market, international healthcare and the practices of medical tourists from Myanmar. The researcher used a tape recorder to record the interview and took comprehensive field notes.

3.5.5 Observation

In each and every single step of interviewing process, observation was conducted. This research tool allows the researcher to gain knowledge of the participants' daily life and their challenges. In addition, the observation allows the researcher to match the responses of the informants with their reactions. .

3.6 Data Analysis

The data was transcribed and then translated from the Myanmar Language to the English Language. The data was then coded and categorized. This data was then

analyzed using data master sheets for answers to the research questions. Upon the completion of this process all notes and audio recording were destroyed.

3.7 Validity of Data

3.7.1 Triangulation

Methodology triangulations were used to cross check the information provided by the informants in the interviews with the observations of the researcher. This allows the researcher to overcome any lack of data or bias.

3.7.2 Trusts Building, Research Identity and Reflexity

The researcher built trust and rapport with each informants. First, the researcher introduced herself as a student from Mahidol University and was currently research on the healthcare experiences of people from Myanmar seeking treatment in Thailand. The researcher shared with the informants that she is also from Myanmar. This assisted in building rapport. The researcher visited the informants often and showed friendliness. This built the trust between the research and the informants. The researcher also shared that she lived in an area that was the same area in which the informants lived. The commonality of the Myanmar Language also assisted in building rapport.

Reflexity of the ability of the researcher to remain objectives and detached while gathering data from the informants. This allows the researcher to gain rich information from the informants without becoming influenced by their responses. While empathy was present, the researcher remained vigilant from becoming emotionally involved in the data gathering process.

3.8 Ethical Consideration

The researcher ensured that the data collection process would bring no harm to the informants. This allows the informants to share their feelings, experiences and knowledge, subjectively. The assurance of the researcher also created an

atmosphere of openness with the informants. At all times the researcher was aware of the ethical considerations of the research.

3.8.1 Privacy and confidentiality

To protect the privacy of the informants, they were assured that their real name were not be used in the study. Additionally, all interviews took places in avenue that assured informants that their identities would not be compromised. All records of the data process were destroyed at the end of the data analysis process. All informants were assured that this would be done.

3.8.2 Informed Consent

Due to the sensitivity of being a signatory to the form for inform consent, not all informants chose to sign the consent form. In such cases, verbal inform consent was used. All other informants signed the consent form. In keeping with the ethical consideration of the research all personal information of the informants was kept secure and was destroyed at the end of the data analysis process.

CHAPTER IV

RESEARCH FINDINGS

This study aimed to explore the subjective experiences of Myanmar medical tourists who come to seek medical services in Thailand and to find out the multi-layers of social and political forces that affect their experiences and subjectivities. In particular, this study examines the contexts of medical systems in Myanmar and Thailand at the macro level and the discourse of medical tourism together with the marketing strategies at the intermediate level and the perception of medical tourism and healthcare service of Myanmar patients at the micro level. This research also sought findings of the subjective experiences of Myanmar medical tourists who travel to seek health care in Thailand.

4.1 Background of the participants

The participants of this study included ten Myanmar medical tourists, eight patient's relatives and one Myanmar healthcare coordinator. The coordinator is currently working at the studied hospital in Bangkok. The Myanmar patients in this study are between 40 and 75 years old and six of them have no education, whereas four finished graduate level.

The participants are from different areas of Myanmar. This included the city of Yangon, Pyin-Oo-Lwin, Pha-Kant, Ma-Gwee and Mandalay. In terms of their socioeconomic status, most participants are in the middle socio-economic status. Some participants work for the family business, the others own businesses pertinent to the recycling of bag production, and for construction companies. Many of the participants have pensions and family support to seek healthcare abroad.

Two types of family structures were found among the participants of the study. These are the nuclear family, composing parents and children; and the extended family which included grandmother, father, mother and their children living together.

In the extended family, it is found that two to three family members travelled with the patients to give support during the treatment. In the nuclear family, only one family member came with the patients. The patient's relatives or family members are between 30 and 42 years old. Most of them are males. They accompanied their sick relatives to seek medical treatment in Thailand. They helped coordinate with the healthcare system in a private hospital and provided psychological and social support to the patients during the treatment.

Table 4.1 Characteristic of the informants (Myanmar patients)

Case No.	Name	Age/ Sex	Region	Marital Status	Social Status	Educational Status	Types of Illness
1	U Nanda	66/ M	Pyin-Oo-Lwin	Single	Being a Buddhist monk	No education	Heart related disease
2	U Eaing da	67/ M	Pha-Khant	Single	Being a Buddhist monk	No education	Related with lungs and breathing
3	Myint Ng	48/ M	Yangon	Married	Athlete (golf)	No education -	Heart related disease
4	U Than	50/ M	Yangon	Married	Managing director of family business	Undergraduate	Heart related disease
5	U Zaw	48/ M	Yangon	Married	Marine Engineer (Retired)	Undergraduate	Brain and nerves related disease
6	U Tin Mg	50/ M	Yangon	Married	Marine Engineer (retired)	Undergraduate	Heart related disease

Table 4.1 Characteristic of the informants (Myanmar patients) (cont.)

7	U Win	70/M	Yangon	Widow	Dependent	No education	Eyes related disease
8	Ma Htay	48/F	Ma-Gwee	Married	Women affair committee	Undergraduate	T8,T9 related with lumbar
9	U Hla	55/M	Yangon	Married	family business (construction)	No education	Suspected cancer related disease operation
10	Ma Phyu	55/F	Mandalay	Married	Family Business	No education	Esophagus cancer

Case 1:

The name of informant is U Nanda and he is a Buddhist monk aged 66 years old. He came from Pyin-Oo-Lwin, which is located in the central region of Myanmar. He has suffered from a long-term unknown illness that made him feel tired and weak.

U Nanda has been diagnosed with diabetes by a medical doctor in a hospital in Mandalay. Although the necessary health treatment can be accessed at a state-sponsored hospital in Pyin-Oo-Lwin, he has sought health care treatment from a private hospital in Mandalay. He believes that a private hospital can provide better medical treatment with more accessibility to professional medical doctors. U Nanda took the medicine prescribed by the medical doctor; however, his illness was persistent. Suffering from a long-term unknown chronic illness motivated him to seek foreign healthcare services. He has perceived that the advanced medical technology in another country would be the only solution to his illness. Therefore, he decided to seek medical treatment in Bangkok, Thailand, believing that it could provide better quality of health care through the connection of a health agency.

Last year he visited Thailand with the help of three donors to support his international healthcare expenses. He relied on the health agency to seek quality health treatment in Bangkok. His first visit to Thailand was related to heart disease and surgery had to be performed. However, he did not have a surgery because the treatment costs more than what he had in hand. He came to Thailand for the second time for the heart surgery with financial support from the donors. He came with his assistant, a junior monk (U Zin A) and a young man to assist him in Thailand. They stayed together in one room which was arranged for by the health agency.

Case 2:

The name of the informant is U Eaingda. He is 67 years old and he is a Buddhist monk. He lives at Pha-Kant, which is located in the mountain region and the northern part of Myanmar (Kachin state), where infrastructure development is underdeveloped and there are no proper health resources.

Previously, he visited a private hospital in Mandalay in order to access medical treatment. Due to low medical technology supplies, he was assigned to the general hospital in Mandalay. According to the result of the tests conducted at the hospital, he suffered from heart related disease as well as an illness of the lungs. Therefore, he was unable to have sound sleep. Also, he had difficulty in breathing for many days. He had to sleep in a sitting position for days. As the long- term healthcare at home could not help him recover from his illness, he decided to seek quality health care in a Thai hospital.

He got help from his classmate to find the health agency and health information of Thailand. With the help of the health agency, he came together with his classmate to seek good quality care in Bangkok, Thailand. The reason he chose the private hospital was that his classmate sought the health agency that had a connection with this private hospital. His accommodation was near the hospital and was arranged for by the health agency.

Case 3:

U Myint Ng is a 48 year old man and he is a national athlete of Myanmar. He plays golf for the nation. He has his own business. His family is financially dependent on him, therefore he has to take care of himself. Being a father, he has worked hard in order to cover all whole family expenses. He admitted that he has

worked hard for the family, and he was stressed from the competitive business and current market conditions in Myanmar. One day he suddenly collapsed and forgot everything.

He was taken by ambulance to a private hospital. According to the health screening results, he was suffering from heart related disease and needed surgery. At that time, he rejected the surgery because he had to settle so many financial affairs. After three months, he had a medical checkup at one of the famous hospitals in Yangon, but the medical doctor told him that he did not need surgery as his illness is not so serious.

He could not accept what the doctor said. Therefore, he looked for another medical doctor who is a heart specialist in Yangon. The second medical checkup result told that he needed surgery for his heart disease. These result confused him, leading him to believe that the medical treatment in Myanmar would not benefit him due to imperfect medical treatment and poorly trained doctors. He perceived that the illness should be cured before getting worse because he has to take care of his family. Finally, he contacted the health agency mainly to assist in gathering information and the process of seeking international health treatment. He came together with his daughter and his eldest sister to seek better and more qualified treatment with higher advanced technology from hospital in Thailand. His accommodation was not arranged for by the health agency due to religious reasons. He chose to stay at a place where other citizen of Myanmar from his ethnic group and relatives were staying.

Case 4:

The name of the informant is U Tin Mg. He is about 50 years old and he is an educated person. He retired from a carrier in international marine engineering two years ago. He lives in Yangon. He is married and the leader of his family. He has two sons and both of them completed undergraduate degree. His elder son supports his medical expenses as he seeks medical treatment in Thailand.

His illness started with a knee joint inflammation and he was seeking health treatment from a private hospital in Yangon. After seeking the medical treatment and examination, the doctor found out that his illness was related to heart disease. He felt insecure about undergoing surgery in Myanmar. As he understood the

possible risks of the surgery and the poor quality of healthcare treatment services in Myanmar, he decided to seek international healthcare from Thailand.

He and his wife spent some time to seeking a health agency that is connected to hospital in Thailand. But, he decided to choose the hospital based on his friends and relatives' recommendations and the information from the health agency. He came together with his family to seek qualified healthcare treatment in Thailand. The health agency arranged a place for them to stay during the health treatment.

Case 5:

The name of the informant is U Zaw Zaw, and he is 48 years old. He has an undergraduate degree. He is married and has two daughters. He retired from a carrier in marine engineering for the government. He lives in Yangon. Before he came to Thailand he already had medical treatment in Yangon at the General Hospital and Army General Hospital. But his health condition becomes worse. So, he decided to seek medical treatment in Thailand.

His symptoms started with a severe headache and he had to depend on painkillers. According to the health screening results from a medical doctor, he had to have surgery related to the brain and the nerve system. He perceived that this surgery is serious and he also did not want to have the surgery in Myanmar. U Zaw Zaw claimed that he felt insecure to have the surgery in Myanmar. He and his wife spent time to seek better and safer health treatment abroad. He sought to consult with the health agency, which connected with international hospitals in Thailand.

As he can afford the medical expenses and because of his friends' advice, he decided to have medical treatment in Thailand. He came together with his wife with the help of the health agency and stayed at a place near the hospital that was arranged for by the health agency.

Case 6:

The name of the informant is U Than and he is 50 years old. He lives in Yangon, Myanmar. He has two daughters. He has an undergraduate degree and works as a managing director at the marine production company. Before he came to Thailand, he had medical treatment in Myanmar. According to the health screening result, he was suffering from heart related disease and kidney failure. He felt dissatisfied at the medical equipment, the quality of medicine, drugs and treatment in

Myanmar. This forced him to come to Thailand. U Than believes that he can get more detailed information through advanced technological screening and also from the explanation of more experienced doctors on his health issue.

He came to Thailand with the help of a health agency. He came to seek treatment for his heart related disease in a private hospital in Thailand. Previously, he stayed at a place that was arranged for by the health agency. He came with his assistant who is fluent in English so that he could get help with translation.

Case 7:

The name of informant is U Win who is a 70 year old man. He lives in Yangon, Myanmar. He is a widower and has two sons. He is not a university graduate, but he raised his sons to be educated. He has a problem with his vision. So, he had eyes surgery in one of the well-known private eye specialist clinics in Yangon. After the surgery, his eyesight worsened.

He went back to the clinic but he did not get any information regarding his conditions from the doctor. He visited the doctor again for a third time for a check- up, and the doctor told him to wait for 25 days in order to know the results. While he was waiting to know the results, his eyesight worsened and he was nearly fully visually impaired. He went to another doctor who advised him to have a second surgery. As he had suffered from his first surgery, he did not want to take another risks with another surgery in Myanmar. He met a staff who is working at the health agency who had connections with private hospitals in Thailand. Thus he decided to take the opportunity to seek international healthcare and health treatment for his illness. His relatives and son also encouraged to seek for the best qualified health treatment in Thailand.

He came with his eldest son to seek the better and safer health treatment in Thailand with the help of health agency. They stayed at a place which is near to the hospital and is arranged by the health agency.

Case 8:

The name of the next informant is Htay Htay who is 48 years old and lives at Ma-Gwee division. She is the head of the Women's Affair Committee in Ma-Gwee division, Myanmar. She has only one son who is a dentist. She had a car accident while she was going to a meeting which was held by the Women's Affair Committee.

At first, she noticed that she had a pain in her back but did not have any further physical symptom or damage. After suffering for many days, she visited the doctor for a consultation. As a result of the car accident, she has suffered from damage to her spine. According to the detailed MRI result, her T8 was totally broken and the joint of her T9 and T11 were crushed, thus she needs to have surgery.

According to the doctor, although her condition could be healed via steel implanted, the doctor could not guarantee a 100 percent recovery. She was advised by her relatives to seek medical treatment in Thailand. Her husband and son went to the city of Yangon in order to seek a health agency that had connections with a private hospital in Bangkok. Previously, they had never heard of health agencies or international healthcare. They also did not have any idea on how to seek international health care as the cost is too expensive for them.

The lack of the advanced medical treatment and uncertainty of the surgery in Myanmar motivated her to decide to seek better healthcare treatment in Thailand. Once they got the information, they felt depressed as it was too costly to have the treatment in Thailand. She and her husband tried to save the money. She had no hope; she tried to sell land but the amount would not be enough to let her seek healthcare in a hospital in Thailand. Therefore, she sold the building on the land as well.

At that time, her sister was also diagnosed with breast cancer. She felt stress because of her illness and her financial issues as well as the worries about her sister's condition. The worst issue for her was the transfer of her husband to another province. However, they could not escape from this situation and she must accept the transfer because her husband's job is important to generate the income for the household and for her treatment. Finally, she traveled together with her son through the arrangement of the health agency to Thailand in order to seek better healthcare. They stayed at a place that was as arranged for by the agency.

Case 9:

The name of the informant is U Hla who is about 55 years old. He graduated from university and works as a managing director of the family construction business. He lives in Yangon. He is married and has four daughters. He sought healthcare in Myanmar at a private hospital in Yangon. His illness is a suspicious condition (ulcer and node on the chest), which may or may not be cancer. He needs to

have surgery to have clear results of his illness. As he knew that Myanmar has poor healthcare services he came to seek healthcare in Thailand.

He came through the connection of the healthcare agency to seek quality of care for his illness in Thailand. He came with his daughter and stayed a place that was arranged for by the health agency around the hospital.

Case 10:

The name of the last informant is Ma Phyu, who is about 55 years old. She is married and has two daughters. She lives in Mandalay. She runs her own business. She has suffered from cancer of the esophagus and was undergoing treatment in Myanmar. But her husband and family members forced her to seek better treatment and chemotherapy. As they do not believe in the quality of medicine which is supplied in Myanmar, they chose to seek better quality of health treatment and advanced medical technology to cure her illness. Finally, they found the health agency that had a connection with a well-known private hospital in Thailand.

They decided to take the opportunity to seek quality healthcare and health treatment. All of the family members would like her to live longer and happier. So, she came together with her sister to seek healthcare in Thailand. All of the travelling and accessing of healthcare was assisted by the health agency. Finally, she attained good quality healthcare that was provided at a well-known hospital in Thailand.

4.2 The context of healthcare systems in Myanmar and Thailand

4.2.1 The context of healthcare systems in Myanmar

The research presented the socio-political factors related to health care systems in Myanmar in order to understand people from Myanmar and their health seeking behaviours in Thailand. The Myanmar population was estimated at 51.9 million in 2010, with an annual growth rate of about one percent. According to the United Nations Development Program's Human Development Index (HDI) measurement in 2012, Myanmar had one of the lowest country rankings in terms of life expectancy, educational and real income adjustment (149 out of 187) (Bertelsmann Stiftung, 2012). The Indication of Myanmar Household and Living

Conditions Survey (IHLCS) showed that one in every four citizens was considered poor (MNPED & UNDP, 2007). As reported by the IHLCS, the poverty line in Myanmar is at 84 percent and was found mainly in rural areas. The income disparities were articulated across the country. These disparities were linked to the geographical conditions of the country (Aye, Myint, Sein, Sein, Tin, & Win, 2014).

The Ministry of Health is a major key player in the Myanmar healthcare system as a provider in terms of the provision, administration and financing of healthcare. The healthcare system was organized into a pluralistic mix of private and public systems for the whole population of Myanmar. The public hospitals, healthcare centers in rural areas, Maternal and Child Health Centers provide health care services in Myanmar (Aye, Myint, Sein, Sein, Tin, & Win, 2014). According to the Health Systems Transition State (2014), there are a total of 827 primary care hospitals, 81 secondary care hospitals and 36 specialist hospitals for tertiary care in Myanmar.

In addition, only the private sector (19 private hospitals and 53 specialist clinics) can provide an ambulance and only people who can afford a private clinic for healthcare do so. The commercialization of private hospitals is provided mainly in large cities in the country (MOH, 2013). World Health Organization states that there are barriers to access healthcare in Myanmar. Two main root causes were the shortage of health care providers and the low government invested in healthcare and social services. According to WHO (2006), there is only one doctor for 2772 people in one of the psychiatric hospitals in the country (Skidmore, 2008).

According to World Health Statistics (2013), there are 1.36 physicians, nurses, and midwives per 1000 population from 2005 to 2012 (WHO, 2013). This figure is below the line of the global standard of 2.28 health workers per 1000 population. The impact of the population in accessing healthcare was also due to a limited number of professional doctors who are mainly concentrated in the cities (Myat Thein and Khin Maung Nyo, 1999).

Compared to other countries in South-East Asia and Western Pacific Regions, World Health Organization reported that Myanmar was the lowest healthcare investment country in terms of the health expenditure, were about 2.0-2.4 percent of the GDP was invested in healthcare between 2001 and 2011. The general government health expenditure (GGHE) indicated the percentage of general government

expenditure (GGE), as 1 percent between 2003 and 2011. The lower level of health investment poses limits to the population in terms of accessing healthcare. People faced very limited chances to access healthcare facilities which is mainly provided in the capitals cities of each state (Aye, Myint, Sein, Sein, Tin, & Win, 2014). Myanmar patients faced the restrictions to access in primary healthcare services across the state, in terms of geographical condition (IPSOS, 2013). Due to the lack and limitations to access healthcare services, local private hospital and clinics serve as the main avenues for deliver healthcare services.

There is also a limitation to the health insurance system in Myanmar, although a social security system was established in 1956 under the Ministry of Labor. This system covers only social services including healthcare for employees, employers, and civil servants. Only one percent of the population was covered by social security. Therefore, social health insurance expenditure was a low 0.15 percent, compared to total health expenditure of 0.48 percent in 2008-2010. The low spending of GGHE does not meet the demand of the population in Myanmar. It can be said that the financial spending for healthcare in Myanmar was mainly out-of-pocket payments. Cost-sharing in health services in Myanmar was introduced in 1993 (Aye, Myint, Sein, Sein, Tin, & Win, 2014).

The historical political background of Myanmar is one of the main root causes affecting the inaccessibility of health care and quality of care in Myanmar. Since Myanmar gained independence from British colonial rule in 1948, a parliamentary democracy was introduced. At the same time, a variety of ethnic groups with the Burma Communist Party (BCP) joined arms against the central government. The democratic government governed the country for only about one and a half decades. The military government was established in 1962. Later, the Burma Socialist Programme Party (BSPP) was introduced in 1974, following a referendum in 1973 (Aye, Myint, Sein, Sein, Tin, & Win, 2014; Grundy, Annear, Ahmed, & Biggs, 2014).

After many decades where health policy-making was top-down, the power and authority for making health policy was retained by the military government (Grundy, Annear, Ahmed, & Biggs, 2014). However, the Myanmar health system suffered from the financial constraints to cover the demand of healthcare in the country. As a consequence, people lived in suffering and fear in a country mired in

poverty (Skidmore, 2008). Therefore, the people in Myanmar suffered from unaffordable and inaccessible routine healthcare under the military government for many years. Healthcare services suffered from inadequate funding, low quality care services and no universal health coverage in the healthcare structure (Aye, Myint, Sein, Sein, Tin, & Win, 2014). Only 60 percent of the country's population has access to healthcare service. Many people were automatically excluded from accessing the public health network (Myat Thein and Khin Maung Nyo, 1999).

Myanmar health systems suffer from severe financial constraints. To some extent this can be seen to be the inevitable consequences of a country mired in poverty but there are also indications of resources being diverted from health and other social service to national defence and security (Myat Thein and Khin Maung Nyo, 1999). The Myanmar government spends only 2.1 percent of its total budget on health, down from 3.73 percent in 1995 (UNICEF). As such, health care spending comprised 0.18 per cent of the total GDP in 1999 (Myat Thein and Khin Maung Nyo, 1999).

According to the recent political and economic policies, the government invited foreign countries to invest in many sectors including the health care sector in Myanmar. However, these policy drive Myanmar medical tourists to seek the international healthcare services in foreign country (IPSOS, 2013). The medical tourism industry may highlight the gap between two countries in terms of political and economic development particularly between Myanmar and Thailand, based on the availability of healthcare treatment for the population (IPSOS, 2013). It can be expected that people who can afford the expenses of healthcare, fly to another neighboring country such as Singapore, India, Thailand, and Malaysia to seek treatment. These populations can be considered as the middle class in Myanmar (IPSOS, 2013). Among these countries, Thailand is the preferred country of Myanmar medical tourists due to the geographic proximity, similar culture and cheap living cost to seek healthcare.

In the recent health market in 2015, Thonburi Hospital Group (THG), the third-largest private hospital network in Thailand signed a memorandum with Ga-Mone-Pwint Company in Yangon to meet the high demand of patients from Myanmar by building a superior standard hospital in Myanmar. It is marketed to cater people from Myanmar. After that initiative, international trade in health services and markets

were booming in Myanmar, including 15 medical industries offering health services from different countries. This is from 9 famous brands of international Thai hospitals. Among the 9 famous brands of private hospitals, the informants of the study have sought the health care services from two private hospitals which became the research site of the study. It was found that these private hospitals provide healthcare services and the market based promotions on health packages to serve the needs and demand of people from Myanmar in the competitive era (IPSOS, 2013).

4.2.2 Context of the international trade of Thailand healthcare service

The context of international trade of Thailand healthcare services reflect the macro level of healthcare systems driven by capitalist world systems. This section describes health care systems in Thailand, in general, international trade in healthcare aspects of the medical tourism industry operations and expansion of the healthcare market to medical tourist to Thailand.

Thailand has a strong trend towards globalization of trade in goods and services, which can penetrate through the evolution of the international trading system as well as advances in information technology and transportation systems. Thailand is classified as an upper middle income country and the economy of the country is highly dependent on exports, accounting for 71 percent of gross domestic product (GDP) in 2010. According to World Bank, Thailand's GDP was worth USD (PPP) 591 billion in 2010, with per capita GDP reaching USD (PPP) 8,554 USD. Over the period 1961 to 2010, GDP growth was 6.4 percent on average (Supakankunti, & Herberholz, 2012).

Thailand is recognized as a well-developed medical system in Southeast Asia (Cohen, 2008). Hospitals are the major healthcare providers. In 2008, the number of hospitals reached (1239), of which 78.05 percent were government hospitals and 21.95 percent were private hospital (PReMA, 2010). The number of private hospitals increased rapidly between 1994 and 1997, with the supports of financial liberation in the wake of the 1997 economic crisis. Most private hospital are profit-making and thirteen private hospitals were listed on the Stock Exchange of Thailand in 2011 (Supakankunti, & Herberholz, 2012).

In the health care section, Thailand is a country with a market-oriented health care system where any patient has free choice in selecting a health care facility.

Public healthcare providers may play a major role in delivering health care services; however the private sector is growing in exporting international trade in health services. The business of private hospitals grew during the period of economic boom in mid the 1990's. The promotion of medical services to foreign patients started aggressively after the economic crisis in 1997 when facilities in big private hospitals were not fully utilized by Thai patients (Supakankunti, & Herberholz, 2012). Bed occupancy in most private hospitals significantly declined, prompting high-end private hospitals, which invested substantially during the economic boom, to seek out medical tourists from abroad. Since then, every Thai government has announced various policy measures to promote medical tourism in order to generate revenues for the country (Supakankunti, & Herberholz, 2012).

In addition, urbanization in Thailand has been growing rapidly since the 1990s. Over the past decade, the country has experienced booming economic development through exports and industrialization. In 2020, the urban population is expected to account for 38% of the overall population in Thailand. This urbanization has resulted in a population with higher purchasing power, leading to demand for better healthcare. These recent trends have led to an aggressive expansion of private hospitals in Bangkok, cities and border cities. Large private hospitals (mostly based in Bangkok) are expanding to capture the health care demands which are growing at a fast pace (Feige & Tiavongsuvan, 2015).

As a result, the hospitals in Thailand restructured the health delivery system and then shifted their target customers to foreigners and conducted extensive marketing campaigns. The private hospital had to make up the design of health care, by inviting foreign patients (Harryono, Huang, Miyazawa, Sethaput, 2006; Janjaroen, & Supakankunti, 2015). Therefore, many international medical tourists visit Thailand due to the lower cost of health treatment, even when adding the cost of travel and other accommodations (Harryono, Huang, Miyazawa, Sethaput, 2006). Thailand has created itself to be a medical hub. The growth in demand for medical services in Thailand among foreign patients, expansion of service specialties, and expansion of service facilities along with marketing campaigns rapidly increased (Wibulpolprasert, 2003).

Private healthcare started intensive marketing to promote international trade in healthcare services and aggressively invested in the healthcare sectors to

cultivate the number of foreign patients as well as to generate national economic development. The market promotion included low prices, high quality of health services and expert medical doctors, as well as hospitality (Supakankunti, & Herberholz, 2012). Consequently, many foreign patients travel to Thailand for medical and health care. Therefore, the demand for quality of care from the private hospital was booming among the patients (Perchance, & Wibulpolprasert, 2006). In addition, Thailand is committed to the ASEAN Free Trade Agreement (AFTA), and other regional trade agreements such as the ASEAN Framework Agreement on Services (AFAS). This (AFAS) agreed to provide the services and the patient movement within the region (Chalamwong and Tansaewee, 2005). Therefore, the health sector is one of the main targets to export services under the international trade in health service (Supakankunti, & Herberholz, 2012).

All of these were strongly supported by the Thai government to improve the quality, standard, investment with other trade partners. The presence of commerce in health service occurred and the health services became an industry because of more investor in the capital, more efficient management and marketing systems in the international trade in health services of Thailand. It ensures that the investors benefit from this industry. At the same time it caused the issue of equity to access quality of care of the larger poor population to rise in the country's health system (Wibulpolprasert, Pachanee, Pitayarangsarit, & Hempisut, 2004).

In 2009, Thailand sets out a strategic policy to become the "Medical Hub of Asia", and then to become a world leader in medical services. This policy has been supported by agencies such as the Tourism Authority of Thailand (TAT), the Ministry of Foreign Affairs (MFA), the Ministry of Commerce and the Ministry of Labor. Moreover, world class services and hospitals serves as accreditations to the Joint Commission International (JIC) and International Standard Organization (ISO). These were set up through the marketing strategies in order to promote a world class destination of medical tourism (Supakankunti, & Herberholz, 2012). Particularly the Broad of Investment (BOI) supports foreign investment through generous incentives. Investments in medical tourism are concentrated in high tourist areas in Thailand including Bangkok (Feige & Tiavongsuvan, 2015). The government encourages the

medical health services and development of healthcare, by engaging marketing and promotions features (Connell, 2013).

Options such as alternative medicine, cosmetic surgery, dental care, gender realignment, organ transplant, heart surgery, obesity surgery, oncology, and orthopedics are available in Thailand. Ranging from major complex surgery as plastic surgery to dental surgery and medical check-up is also available. The most popular services are cosmetic such as LASIK eye surgery, organ transplants, cardiac surgery and some hospital also providing spa, physical and mental therapies (Carrera, & Lunt, 2010; Rollyson, 2010).

Private hospitals advertise their services in newspapers, travel periodicals, on the internet, in brochures and tourist publications and even on television. On the one hand, they strive to attract clients from far-away places with the range and quality of medical services available in Thailand at affordable costs. On the other hand, their non-resident foreign clients also need a wide range of non-medical services, especially when they want to combine medical treatment in the country with tourism (Cohen, 2008). Yet, few hospitals provide such services to their foreign clients.

Cooperation has also taken different forms. One has been to team up with airlines and offer packages that combine vacations with medical treatments or check-ups (Horayangura 2005:17). Another is to work in conjunction with tourist agencies and set up a variety of package tours that offer medical treatment while vacationing and sightseeing, making it "...possible to combine a visit to the doctor with a trip to Thailand ... [as] visitors can now purchase a vacation from their local travel agent and select a [medical] check-up package at the same time" (Bassett, 2002).

Thailand attracts medical tourists to consider Thailand the destination for health treatments for many reasons. Though Singapore and India are also popular and famous destination to seek quality of care, when compared to Thailand this country cannot so much offer attractive tourism spots and facilities, good climate conditions to seek travel combined with medical treatment (Whittaker, Manderson, Cartwright, 2010). Thailand stands with the medical facilities and expert doctors as well as facilitated by many health organizations, medical brokers, and health care services to generate the economic benefit and the number growth of medical tourism (Whittaker,

Manderson, Cartwright, 2010). Thailand, through recent online marketing is also branded as a “body capital” in the world (Baron-Faust, & Viladrich, 2013).

However, Thailand faced several challenges to promote the market of healthcare industry in order to meet the higher demands. Wibulpolprasert et al. (2004) stressed that challenges for the local health system in terms of “the resources needed to provide services to one foreigner may be equivalent to those used to provide service to 4-5 Thais”. Moreover, there is a wide gap between the local demand in providing healthcare and medical services, medical resources, and human resources. There is limitation in the proficiency of the English Language, and very limited malpractice insurance (Harryono, Huang, Miyazawa, Sethaput, 2006).

In summary, health care systems in Myanmar and Thailand reflected the macro level of medical tourism. Political and economic forces related to health care systems development in both countries has led to the need of medical tourism in Thailand. Myanmar, under the power and authority given by the military government for many years, suffered from lack of infrastructure, basic need of health and inaccessible to access healthcare. Social and economic forces regarding globalization-led economic restructuring has created a space for investment in private sector health programs in Thailand and Myanmar to expand its health services to provide healthcare to patients from abroad and compete among themselves for the market. For the patients in Myanmar where they seek quality of care at affordable cost. This emerging market has provided wider choices to them to buy health services in Thailand. In this regard the political and economic context has created an enabling environment for the emergence of medical tourism as an international business opportunity.

4.3 Discourse of medical tourism and the healthcare marketing strategies of medical tourism to Thailand

4.3.1 Discourse of medical tourism

Discourse is defined as a set of sentences in the written and spoken language, which reflects systems of thoughts as well as power structure in society. Discourse often refers to the speech patterns and usage of language, dialects, and

acceptable statements within a community. Foucault's focus is upon questions of how some discourses have shaped and created system of meaning that have gained the status and currency of 'truth', and dominate how we define and organize both ourselves and our social world, whilst other alternative discourses are marginalized and subjugated, yet potentially 'offer' sites where hegemonic practices can be contested, challenged and 'resisted'. Foucault developed the concept of the 'discursive field' as part of his attempt-to understand the relationship between Language, social institutions, subjectivity and power (Weedon, 1987).

In this regard, this part addressed discourse related to medial tourism, which has been constructed or constituted by the medical institutions and market agency. Market strategies represent the discursive practices that constituted and produced the knowledge of medical tourism to become as true in the society. Discourse of medical tourism, as a social construct, is created and perpetuated by medical knowledge and institutions and commercial agency who have the power and means of communication. Resulting from such knowledge and power, potential patients from Myanmar have embodied international healthcare.

In viewing medical tourism, the discourse of medical tourism has been demonstrated in many lines of profession, research and media differently. The discourse of medical tourism was discussed and cited in form of the provider aspect, medical institutes and market agency. Medical tourism is seen as "economical drivers", and as "the provision of healthcare" into international patients (Mainil, Meulemans, & Platenkamp, 2011). Because, the medical tourism industry has boomed the international trade in export of the health care services to the medical tourist around the world as well as the growth of foreign currency of the country in reality.

Medical tourism discourse in the media aspect and health market, using the terms of "Medical Hub of Asia" usually demonstrates an avenue to seek healthcare services in Thailand (Supakankunti, & Herberholz, 2012). It reflected international health care competency. Thailand international healthcare services offer complex medical treatments, advanced medical equipments, and well trained medical doctor within the medical tourism industry of Thailand. In addition, the health services in discourse were promoted as "world class services", "service minded culture", in order to attract the international patients (Supakankunti, & Herberholz, 2012).

Moreover, a popular description of medical tourism discourses were the attractive cost and the ensuring quality of healthcare in order to cultivate the individual who demand on quality of healthcare services (Whittaker, Manderson, Cartwright, 2010). The providers illustrate of medical tourism industry, which offered attractive cost as “a competitive cost”, “the international standard organization (ISO)”, and the international accreditation of “Joint Commission International (JCI)” to ensure the quality and standard of international healthcare services. However, there have been limitation of portrayals of the risk of medical treatment, malpractice and the accidental error in treatment process of medical tourism industry (Whittaker, Manderson, Cartwright, 2010).

Market discourse

Market discourse is seen as a business related to medical services and see patients as a customer who needs to be satisfied with the health product of medical tourism.

Specialized country

A text can be read as a discourse of medical tourism. Specifically, “specialized country” is one texts of medical tourism discourse related to the destination country to travel and seek quality healthcare treatments. If the destination was specialized in one episode of the health settings, this represented the assistance of changing idea and knowledge of medical tourist to generate and accelerate the number of medical tourists who travel to the specialized country, although the destination was far or culturally diverse.

Looking at the promotion campaign, the reputation of medical services in Thailand have also been bolstered by various government sponsored promotional campaigns. Prominent among them, the “Amazing Thailand” campaign highlighting “the attractions of spas, hospitals and herbal products” (Russell, 2006), launched in the wake of the government’s decision to turn the country into a regional medical hub (Arokhaya, 2005; The Nation, 2006). In the newspaper, Bangkok Post (Anon, 2005), Thailand was well positioned to extend its spa and holiday services to complement medical care services at affiliated hospitals.

In the study, almost all the participants were aware of having many destinations to seek healthcare solutions as well as the country specialization of the

healthcare services and treatment process. In general, when people get sick or ill, they used to seek medical treatment in a variety of ways and avenues for their illness. In the process of the globalization movement and globalized movement order, people from Myanmar are opened to seek the new avenue for the new and advanced health treatment process. This is seen by patients travelling for care through the medical tourism industry. Many people seek the destination country to have the best and safest health treatment for their illness, and where to go for the reason of low cost combined with the high quality of health treatments.

In Southeast Asia, Singapore, Malaysia and India are the main competitors of Thailand. According to Rollyson, (2010) while Singapore is also one of the best destination countries to seek quality healthcare services, the cost of healthcare was suitable only for richer persons by controlling the quality of healthcare and filtering the social class of the medical patients. India is the best places to seek special surgery. India is a specialized country for medical tourism because people could access organ transplants with a low cost.

Although there was many countries that specialized in health treatments, for patients in Myanmar, Thailand is the best and preferred destination. The discourse of specialized country was formulated by the participant as follows:

“Thailand is the Buddhist Land and has a similar culture to our nation” spoke by Myint.

And the other said *“It is the land of smile, the best country the offer medical services and relaxation activities”*, by Ko Myo.

Many participants have perceived that the *“medical tourism paradise”* is the country, Thailand. Paradise means that Thailand healthcare is specialized in offering from simple and relaxation healthcare services to comprehensive medical treatments. Health services are from the routine to serious illness and annual health check-up. Moreover, the destination is full of tourism recreational places that trap the idea of medical patients as the same culture. However, the constructed idea regarding the medical tourism industry, the discourse was formulated as *“medical tourism paradise”* as said by the participants, serves as a discourse of a country specialized in the study.

Branding hospital

“Specialized Hospital” also was one of the discourses of medical tourism that is related to the brand name of hospital settings and treatment processes of disease and illness. The discourse on *“branding hospital”* was used by medical tourism to cultivate knowledge of international medical tourists regarding on special medical treatments processes available. The full spectrum of medical care and treatments in one place is available but the industry provides the typical treatment process of medical tourism for international medical patients. For example, if the patient who suffered from the cancer, they might seek the hospital that specialized in cancer to access chemo-therapy for their illness.

For example, Bumrungrad hospital, the most famous of international hospitals in Thailand, billed itself as a “Medical City” (Bassett 2002). Bumrungrad includes 34 outpatient centers, ranging from an aviation medicine center to a Wellness Center and golf clinic offering “comprehensive health services tailored to each golfer’s specific needs” (Ki Nan Tsui, 2007). Non-medical facilities include a variety of restaurants and food stalls, several shops, hospitality residences and suites to accommodate people, accompanying foreign patients and an International Patient Center, which takes care of “everything from visas, language needs, insurance, correspondence with your doctor at home, to repatriation and visa extensions” (Edey, 2002).

The center currently employs translators in 12 languages (Tawichai and Antaseeda 2002). Particular attention is paid to the needs of the various non-Western ethnic and religious groups using its services. For example, “all employees completed an orientation course on Islam and [Bumrungrad] opened Thailand’s first hospital Halal kitchen [...and] has a Muslim prayer room.” (Edey, 2002).

Bangkok International Hospital specialized in many episodes of healthcare settings, but many patients discussed the specialized one and spoke about the message on special treatment of the hospital. Ko Myo expresses on the brand name of hospital setting as follows:

“Many friends said that Bangkok International hospital is good for seeking chemo-therapy. They also have the Myanmar healthcare and services counter inside the hospital to assist with the process of healthcare treatment. It is convenient for

Myanmar patients who suffer from cancer. So we contact the health agency in our home country to travel for care, finally”.

“I aware that with cancer, hospitals in Singapore are a good place to seek for chemo treatment as well as Thailand. Typically, Bangkok International Hospital was the best for seeking cancer treatment and having many cancer patients from Myanmar who went there to seek care” was assumed by the female participants, Ma Phyu and Ma Cho in the study.

With regard to the message of hospitals specialized in Thailand, *“Samitivej Child International Hospital”* and the hospital pride was brought to the mothers, to friends, to relatives, and especially to mothers from Myanmar. Ma Sandi who is a mother of children discusses as follows:

“We all (mothers and family) known that the hospital for children is Samitivej Child International Hospital. As illness and disease in children are not the same as with adults, we need to seek specific treatment and care for our children and health information and knowledge about the illness”.

The text of *“specific care for our children”* and *“Samitivej child hospital”* is constructed by the participants of the study with concern to the discourse of the specialized hospital. Culturally, when a baby or a child had a disease, parents and family members went to the *“child hospital”* for their child’s life and illness. The health information related to child such as liver disease commonly occur in adults, but hepatitis can be caused by maternal drugs and food through breastfeeding. So, the breastfeeding mother should be careful with a child’s health and getting the health knowledge from the child hospital.

Not only hospital, but also 5 Star Hotel services

In order to attract foreign patients, many private hospitals in Bangkok have restructured the hospital service to be on par with the services of a five star hotel. For example, Bumrungrad hospital has been entirely redecorated and turned into a new type of hybrid establishment, one that could be called a *“hotel-spital”* (Ongdee, 2003).

The following excerpt from a travel journal highlights the extent of the transformation: *“Doormen meet and greet you in the driveway. Doors slide open to reveal cozy lounges, greenery and a view of restaurants on the mezzanine level. Bumrungrad has discarded the conventional hospital architecture, interior design,*

furniture, and services in favor of a hotel-like approach, bridging, in the process, the hitherto-prevailing gap between tourism and medical treatment (Cohen, 2011; Edey, 2002).

The infrastructure of the hospital and others facilities was viewed looked as a 5-star hotels rather than a hospital by the expressed word of Myanmar medical tourists. Compared to healthcare in Myanmar, people were engaged with the full smell of medicines and lousy voices (*“Nar-the, Nar-the”* in Myanmar Language) which means that Moan...“Pain, pain” around the hospital corner. This was in contrast to healthcare services in Thailand. Ko Kg expresses the meaning of “5-Star Hotel” as follows:

“Luxuries Infrastructure, Yes, it looks a 5-Star Hotel Services, does not look like a hospital at all”.

Ma Cho explains on the hospital to services where they have medical treatment as follows:

“Here, when you entering you will see the clean and fresh environment with the peaceful color and feelings on the building at first, following to the customer counter services to assist where and what you want inside. You can see the lobby furniture, and free and self-services of drinking water or juice to take a rest from coming a long distance. Everything looks good services. Moreover, the amazing services to me in the first time that having the orchestral band and piano inside the building that make me feel the international standard of hotel services. In the meaning of hospital that I know is the place for cure and treatment the patient who suffered from disease and illness. But not I do not feel as hospital, all furniture are modernized, clean floor, no smell at all. Everything looks new”.

According to the word of the participant, the hospital building are “Modernized”, environment are “Clean, no smell”, all furniture are “Looks New” and the rest mention to the convenience of food, cultural facilities and other recreational services to relaxation.

Ma Cho explains about the hospital environment and services that “We have the coffee shop; we visit to 7-Eleven shop, and the “Boosts”, inside the campus area of the hospital”.

Cross-Culture Concerned in Service

In concentrate to “*Cultural Facilitator*” that compose with a different language culture and different taste of foods and meals. To convenience and pleased on the time of accessing healthcare, medical tourist could access the different cultural language as well as their cultural taste of foods which are provided by medical tourism industry. This is one of the discourses of medical tourism that people speak to the available different cultural facilitators in one place, here, Thailand.

To reduce the cultural diversity and religion, medical tourists could access the respective cultural food-straw along the food canteen of the hospital. Typically, “*Bangkok International Hospital*” opened many cultural menu at the food corner, typically Hara food, Western menus, Thai cultural taste and Myanmar food corners. This Myanmar food corner help medical tourist from Myanmar by reducing the cultural diversity on taste of foods.

For the female participants of the study, Ma Cho explains as follows:

“Here, we have to bring the food and dried curry from home, and sometime we can have our Myanmar foods at the food shop, namely “Shwe-Myanmar” to solve the food problem too”.

On the other side, all participants who engage with this hospital services express as follows:

“When we stayed outside of the home country for a long days, at first, we faced the problem of food taste, we missed “A-Mae-Latt-Yar, Hhin-Lyar” (in Myanmar language)” that means, we missed the food that mother cooked for us.

Turning to the communication services, patients from Myanmar can access the translator to facilitating on the meeting minutes with medical doctor while accessing healthcare services.

The explanation words by all participants were that:

“Here, have Myanmar Counter Services as well as the translators to assist the patients and this help us to understand what the doctor says and what we want to tell in a certain point of seeking healthcare and treatments”. “In spite of accessing the translator services during the short meeting minutes, sometime when the appointment list to us, we face and have to wait the long hours from accessing this services with the

explanation as the translator does not come yet, so please wait, or wait a moment please madam”.

Recreation choices

The participants explained that medical tourism does not only good to seek the healthcare, but also offering the relaxations and many other recreations. More opportunities, to convenience, some hospital provided the “*free ferry services*” to the Big shopping as Emporium, with the schedule and time-table. This service was spoken by the participants and also one of medical tourism discourse that attractive people to please on the hospital services and facilities. The rest of the accessing health treatment had finished, and then the medical tourism could take the opportunities of tourism landmarks, Bangkok, Thailand.

U Tin Mg mention on the hospital services to the relaxation and recreational services as follows:

“I believe that if you take the treatment in some well-known hospital, Bangkok, you might go shopping or tourism place after achieving on treatment process and health outcome and before back home. At least you have to buy small gifts for the family member who are waiting you at home, who waiting on your returning to home. In fact, Thailand is the best place and has many shopping areas, if you come with the travel and vacation rather than medical treatment”.

Medical Discourse

Medical discourse stands with the power and professional of medical profession, high-technology to help the patient in a live-saving entity in the context of the medical tourism industry.

Expert

Nobody wants illness. Nobody wants to suffer from disease. People try to cure the disease in many ways. When people got sick, illness, people sought the medicine to take it at once, when the cough was occurred people sought the anti-biotic drugs. In similar way, if people suffered from the serious illness and longer, unknown the healthcare cause, they sought to the medical doctor with a very specific skills and a wide knowledge of health. Therefore, seeking the “*Expert*” medical doctor, is an idea that constructed by the medical tourism industry. This constructed idea and discourse of medical tourism help to promote the medical and healthcare services with the text

“*Expert*” medical doctors to expend the industry as well as to generate the economic benefit. These constructed ideas of “*Expert*” medical doctor are a dominant discourse of the medical tourist’s ideas and persuade the number of medical tourism entering to the industrialization of healthcare.

In this study, people received the knowledge of health and healthcare information about the pride of expert doctor through the media of health, to the practice of communication society that is available in the medical tourism industry, Thailand. The health knowledge and medication are transmitted from the health and medical society with the help of marketing promotion to health market to individual patient in Myanmar country. Ko Kg who present as a patient's relative in this study explained the meaning of the "Expert medical doctor" as follows:

“Expert doctor is a doctor who has received training and has gained experiences from international to the world class level. Although at home we have doctors who graduated from a foreign country, they do not have the medical equipments and they are impatient and no time for us which are different from the home country to here (hospital in Thailand)”.

To support the discourse and the word of “expert” medical doctor, U Myint *“If you got the disease or any kind of illness, here (medical tourism) offer the skillful and well- trained medical doctors for your illness”.*

In the explanation of the participant, the voice of well-trained medical doctor and expert medical doctor have the same weighting in meaning. Some spoke in different ways and the discourse on medical doctor are inflated by the active individual who interpret and transmit the message, such as “*Expert Doctor*” and “*Expert Medical Doctor*”, “*Well-trained Doctor*”.

Moreover, the message of healthcare, medical tourism industry with the text and message of health knowledge and information of medical expert promote the health market to cultivate the number of patient and patient’s trust as follows:

“We (our hospitals) employ a medical doctor with a skillful medical knowledge in all fields of medicine”.

The discourse of the medical doctor and idea is dominant to medical tourism industry because the marketing framework represents a series of words, the health message through the media toward the individual medical tourist.

“Whatever, your illness, you can meet the expert medical doctor, getting the medical treatment in advanced. An important thing is drug and medicine exported from foreign country. So all of your illness and things was run out” explains by U Than.

“I aware from Myanmar health agency that this medical doctor who is an expert of heart specialist, is one of the member of the Royal Thai King’s medical teams, who involve the heart surgeries. He is an expert from this hospital and do operation of my illness”, argue by U Myint. He assumed that the *“Expert Medical Doctor”* does not means International trained and experiences only, but also referred a status of the medical doctors.

However, it can be noted that the discourse of *“Expert Medical Doctor”* was used to harvest the idea and knowledge of the International medical tourists to the medical tourism, typically found in the study.

Advanced medical technology

“Advanced Medical Technology” was typically one of the discourse of medical tourism. The message of offering the *“Advanced Medical Technology”* to heal and cure your illness was given the dominant and health idea to the medical tourism in social practice. Using the *“High-Technology”* with the explanation of health information and knowledge on the brochures that this medical device help to reduce the pain of the illness, you (patients) might not know what have done on the treatment process. This discourse was supported by the decision of medical tourists who suffered the illness and who want to less the pain from medical treatment and serve as the dominant medication and idea of health and to healthcare teams as well.

In Myanmar healthcare settings, the dominant idea and discourse of advance medical technology are influenced to healthcare teams as well to the individual medical tourist. It should be noted that the doctor (local) encouraged patient to seek the advanced medical technology to reduce the pain, to reduce the risk and risk of infection by travel to medical tourism paradise, Thailand. The word to participant were that:

“For your health illness, if possible you go to seek the health treatment in Bangkok, there have an advanced medical device and technology to cure your illness.

It will punch like a pen spot only for the operation that would be better and safer for health result”, by Htay Htay.

“Here (Thailand hospital), having 3D Ultrasound of Heart in this hospital, there is no machine in Myanmar to help the doctor where is the problem to cure. It does not mean Myanmar doctor have not much skillful on medical knowledge” explain by the participants who suffered from the heart related disease and suffered from the lacked of advanced medical technology in home country.

“Myanmar also have a skillful doctor on medical knowledge too, but they also need to depend on the laboratory result to treat the patient. The key point is that there (Thailand hospital) are variety of advanced medical technological treatment and process here”, express by Ko Phyto how the advanced biotechnology serve a key force to seek and travel for care as follows:

High quality and standard

Reviewing in the brochure of Thailand medical tourism produced by the BOI, it was found that one of the content and image portrayed in the documents was the standard approval by the international agency. For example, it is stated that “Thailand’s private hospitals have established partnerships with top international medical schools and healthcare institutions worldwide. A number of private Thai hospitals have also achieved international standards of Hospital Accreditation (HACC) such as: ISO 9002:2000, ISO14001, ISO18000, and JCIA. In addition, “high Quality” was spoken by the participants and opened the meaning with *“Everything was high”*. Specifically, they (all participants) mention the whole episode of the healthcare settings end to the treatment process and outcomes that would be good and best. The words as follows:

“We could take the high technology for our illness treatment.”

“We would receive the high and the best healthcare services”.

“We would treat by the High and Expert level of medical doctors for our illness and disease.”

“We stayed inside the high facilities that we never thought to see in hospital from the homeland”.

“It is high and high quality that we had never been received before. Here, provide high-technology, medical doctor trained from foreign country, international standard to treat our illness. Everything is high, include the cost also high.”

“If I took the high quality of health treatment, my illness would be recovered soon” that was revealed by the female participant Htay Htay who suffered from the back bone operation (back bone related disease).

All of the idea and concept of “High” and “Health” was imprint to the idea and heart of the patients. It can be noted that the idea and concept of the hospital services which is restructured by the medical tourism industry assisted with the marketing themes and texts message of health shaped the idea of the individual life.

Professional manner

In the discourse of the medical tourism, the idea mix of medical and tourism was combined with the best medical treatments and friendly services that make people to seek the medical treatment in abroad. It is constructed the healthcare services under the marketing strategies design and framework to meet the level of satisfy the medical tourist. With respect to the healthcare services, the medical staffs and nurse are “welcoming” to all medical tourist, provided the “perfect” medical treatment as well as the health services.

“Their health services are good. I was treated by the friendly medical doctor, nurse as well during accessing healthcare which is different from home country”, opens the meaning of “services is good” by U Than.

To support the idea of the good in health services, U Tin Mg explains as the follows:

“The doctor answered patiently to me and listened about my health illness, explained what can do and how the process of treatment”, “....When I was in CCU-room, the nurse provided the full services although they have a certain level of communication problem”.

“On the first visiting day to hospital, we (me and my assistant) meet with the doctor, he listened the full story of about my illness and seeking health in home country. On that day, doctor, I, and my assistant and translator, nurse only have inside the room for discussion and examination oh my illness. He explained the illness and disease to treatment process through the translator assisting. You know the

services are different from my past experience in home country which no valued on our life. Their services is good”, express by U Myint and U Eaingda.

Additionally, the participant was pleased on accessing the health treatment as a “*privacy services*”. All of the idea that was explained by the participant regarding on the discourse of medical tourism that they exercised and encountered.

To conclude, the diversity of discourse was found in this study. Main discourse including medical discourse and market discourse constituted medical tourism in ways of showing the indicators to influence the idea of people such as “Specialized country, Branding hospital, 5 Star Hotel services, Cross-Culture Concerned in service, Recreation choices, Medical Expert, Advanced medical technology, High Quality and standard and Professional manner”.

Medical authority and market agency as the social power of groups and organizations in the society produced the meaning of life which can be rely on doctors and high technology. Lives and illness under medical knowledge can be secured in one way, but in other way such knowledge has governed in our mind and practices under their power control of our conscious. In term of market discourse, the choices of international healthcare were constructed. The power of media and market strategies will be informed as follows.

4.3.2. The market strategies of medical tourism in Thailand

The medical tourism industry is supported and assisted by key promoters to cultivate the number of International medical tourists around the world. The key promoters was health agency, the collaboration the health network (encouragement by the government), and the rest to the ties of the promotion and advertisement by the strongly support of governments to medical tourism.

Collaborating health services and network

The medical tourism industry did not end with the private health agency, but also linked to the commercial health network of the many private hospitals as well as the public health sector in Myanmar country. Private health agency mentions to the brand office of health agency by well-known hospital, officially. The well-known hospital of Thailand is collaborated with the health services under the commercial healthcare and health business framework in both private and public, to cultivate the

accelerating number of medical tourists, to meet the demand of the middle class people from Myanmar.

Participant Ko Myo who presented as a patient's relative in the study explained that:

"We (my uncle and me) sought the health treatment in "Ar-Yuu-Thu-Kha" private hospital in Mandalay. This hospital had the network of International healthcare services, and collaborated with the well-known hospital of Thailand, well-known hospital International Hospital and the health agency located in Mandalay. Because of my illness related to the Buccal cancer which can't access the treatment process or medical doctor related in this field in home country and doctor suggested seeking the Thailand healthcare to find a health treatment solution for my illness. Then we conduct health agency to assist us for accessing the health treatment in Thailand".

However, in the cooperating network settings, Thailand healthcare and hospitals play as a passive actor in the medical tourism industry, because they have been waiting the connection from the health agency and other networks as well as the patients contact process of healthcare services in Thailand.

Health Agency

Health Agency was one of the key promoters to facilitate the practice of medical tourism. The idea of "Health Agency" that often business related to health illness and economic benefit. Moreover, "Health Agency" assisted the medical tourists to decide the destination country of medical tourism, the information of the hospital specialized and the detail more knowledge about the foreign healthcare services. They (Health Agency) also facilitated to apply for the visa, air-ticket to the accommodation process to the medical tourism.

"Yes, we contact the Health Agency to help us for information in details of foreign health services, how to live and access the treatment", U Hla.

"We (family members) did inquire ourselves to search the health market in Thailand according to the online searching and the recommendation by friend. Based on the recommendation, here is the best for health operation with doctors who was a member of Royal Thai King's medical teams". For the other famous brand-name

hospital, I seeks the information as well”, U Than who comes from Myanmar and who works as a managing director of the marine product company.

“As we (patient and me) did not know exactly which hospital that should we go to seek for care in Thailand. So, we followed the information about the brand-name of hospitals with the network of health agency to get the information about the hospital and healthcare treatment and health in services. Seeking the information about the healthcare services through the health agency, we feel that we do not receive enough information (in regarded to the cost which does not clear and the feedback information was not clear) which does not make sound for us to understand clearly. In final, we seek this hospital where do not know about the hospital before, but we choose it. Health agency provide the information in good explanation that help us to understand the reliable cost and expand on seeking care in Thailand”, U Zin Vnyar who presented as a patient’s relative in the study.

U Zaw, who retired from the marine engineer project said in the statement as follows:

“After the doctor recommended seeking the healthcare treatment in Bangkok, now it was a time to seek and dig from the foreign health market in local country. At first, my wife and I inquired about the possible cost of treatment and other expenditures from different fours agency of health market of Bangkok”.

U Zaw was “*extremely nervous condition*” that he and his wife was shocked about the operation and do not have knowledge or information about the foreign healthcare services.

The member and leader of women development center, namely, Ma Htay, told the researcher as follows:

“It was a blur and nervous situations for us (including family members). Being a member of government services, we do not have much money in hand and never think to seek health treatment in foreign country. As we do not have any knowledge, we keep asking many friends and listening their experiences, then my husband and son went to seek the health care agency in Yangon”.

“Yes, we have been contacted the health agency in local to seek the health treatment of this hospital”, Ma Sandi said in a statement to demonstrate the knowledge of health market.

“Nowadays, we aware that we also can access the quality of care from other country with the help of health agency and health market in home country. And Health agency assist us starting from the visa to arrival point”, U Zin Vnyar.

In this study, “*Health Agency*” served as a bridge of medical tourism industry to Myanmar medical tourist, vice versa Myanmar medical tourist, health agency to medical tourism industry to access the high quality of treatment and health solution. In the local health setting of Myanmar country, there was 25 of the marked based on “*Health Agency*” to promote the international healthcare and services.

Advertising

“Marketing and Advertising” was the strong tool of the medical tourism industry. In the medical tourism industry in healthcare services facilitated and used widely and variety of marketing themes and text, message to boost the medical tourism and country specialized. They usually engaged with the media and advertisement from the published papers to end the online network to harvest the idea and desire of medical tourists around the world. Paper published are the brochures, health magazine, and travel magazine, big vinyl advertisement board on crowded area, on the high way road promote to catch the attention from the people who interest and search the good quality of healthcare and treatment process. Moreover, using the online social network include, travel website, Facebook as a tools to promote the medical tourism and health services.

In other words, media also play an important role in the promoting process of medical tourism industry and boots the Thailand healthcare and economic development in the global competitive era. Seeing more on the message of medical tourism or the texts on the published paper that grab the knowledge of health, desire feeling and perception of patients. The text as “*The tools are smaller than your finger*” that will treat your health and illness that was found on the brochures of medical tourism. Such the text message about the health information that shape the idea of people to think about the quality of health and health knowledge by perceiving that medical tourism was the health solution, to minimize the risk and to reduce the pain, to be good in health outcomes. All of the messages provided by the marketing vehicle of government with the full of motivation features towards the people to travel for care.

Moreover, the motivation features are constructed the word to sentence that:

“You Need”,

“What you need”

“Comfort, Privacy, & Expert Care” make people to change the ideas of health knowledge to enter and engage the medical tourism industry. This idea was seen on both published and unpublished advertisements concerned on discourse of medical tourism industry.

“I was suffered from illness. I need the quality of medical treatments. I don’t want to take risk under the low quality of care”, Ko Kg who presented as the patient’s relative in the study. The participant is influenced by the desire, the need, and is dominant under the new knowledge of health to engage the medical tourism industry.

Patient’s relative of the participants explained about the information and knowledge of the foreign health markets as follows:

“We have seen much advertisement about the well-known hospital in the crowded areas. It is a big vinyl portrayal about well-known hospital in Bangkok and received some of the brochures via the health agency. Sometime we noticed about the health information and image of the hospital through the high-way road of advertisement board as well as health magazine as Health Digest journal in Myanmar”, U Zin Pynyar.

“We are aware of the knowledge of health and treatment through the marketing programs which represented about the image of the hospital, Certificate, expert doctor with advanced technology treatments. Inside information from the brochures of the well-known hospital X are usually having the doctor use the medical devices to examine the patients, have the detail health information, and mention about the need of the patient in particular illness and disease”, by Ma Cho.

“Although we have known from many advertisement program that there is a foreign health market available in home country. But we never have the idea to search the information and the knowledge before”, Ma Htay.

To do so, they (medical tourists) spent a time for searching, listing, cultivating the information and experienced from the friend and relatives who experienced on accessing foreign healthcare. Opening an eyes to health market agency, some participants was listened from the friend and doctor recommended as well as engage with the self-seeking on agency information, online, brochures of the brand name of healthcare agency, health industry.

In sum up that it was found that the power of the health market and the strong advertisement idea was dominant the idea of participants (medical tourists). And the marketing and advertising through the media play the important role in the representation of the knowledge and information of the health and illness. Consequences, all of the participant's idea was shaped by the power of media and advertising about the medical tourism and engaged and contacted to the agency of health market in local country to assist for travelling, information, and seeking health care solution, Thailand.

Word-of-mouth: “recommended words”, “messages about the medical tourism”

The design and discourse of medical tourism was cropped the medical tourism knowledge and perception regard to health issue in the globalization around the world. And this study focus on people from the middle class status as Myanmar medical tourists who was hunger for the high quality of health treatment and an advanced medical technology for their health illness, who was suffered from long-term unmeet healthcare needs travel to seek the good quality of care in Thailand. The discourse of medical tourism, the good sound of the services are revealed by all (18) participants as follows:

“Yes! Their services are good.”

“They (hospital) have advanced medical technology to cure the disease.”

“Medical doctors are expert.”

“Nurses are friendly.”

“Answered all questions, whatever questions.”

“It is near and easy to travel.”

“They always smile”.

All of the message and discourse on medical tourism that are brought by the medical tourist who experienced on accessing health care, transmitted to the medical tourist to the future prospect of medical tourists in Myanmar health society. In this study had found the same explanation to travel and seek the good quality of healthcare by all participants as follows:

“Yes, I was recommended by friend who had experienced to seek for healthcare in Thailand”.

These main market strategies of medical tourism portray advantage and the attractiveness of Thailand healthcare which are the hospitality and service-minded culture. In addition to the medical expert and quality of health treatment and medical advantages. It is not surprising that Thailand is a popular destination world-wide. Traditionally, Thailand has many tourism creatures and has been the world tourism destination. Moreover, the other important component of infrastructure and services are transportation, hotels services shopping malls, different culture in different restaurant.

Infrastructure and location of the hospital is attracted to the Myanmar people who need to seek health care outside their home country, the hospitals of this study is located in the west-central region of Bangkok and readily accessible from airport to the all part of Bangkok city. Moreover, Bangkok has much choice of transportation methods: taxi, Sky-train (BTS), MRT and bus as well as using the normal way which is free and the speed motor way which charge for crossing the gate fees. For medical tourists, they can choose two ways of transportation process: taking taxi or using pick-up process of the agency of health market services from the airport to hospital. From normal way, transportation will take about 26 minutes 21.7 kilo meters without traffic. Nearly all about the medical tourists Myanmar use the pick-up process of agency of health market to hospital in the first arrival to Bangkok city. There is small number of medical tourists, Myanmar come with their own process on the first arrival.

Outstanding building with a comprehensive medical services provide good and attractive image of medical tourism in Thailand. In this study, for example one hospital is a modernized 27 stories building facilitate to medical tourists in private rooms, brand name of coffee shop, different taste of cushion of Thai and International

restaurants as well as the peace full place of praying room for different religious. The rest is near 7-Eleven shop which providing all foods, payment method for all part of telecommunication, tickets for travel and variety of products for the busy society.

Moving to the second hospital setting is one of the well-known hospital in Bangkok, leading the largest network of medical services providers in Thailand. It is located to the west-central of the city. It is presenting as a leader of health care solution providers from Thailand to neighbor countries including AEC member countries. The commoditization services and medical facilities are authentic features and create as a hotel lifestyle rather than hospital feelings. Starting from the arrival of main reception to cafeteria, pass-way to another building, operation room, patient rooms are the duplex styles and luxury healthcare designed which make the medical tourists to feel the royal suite of services to medical treatments. Ending with the heart of services is rescue helicopter to facilities all the patients.

Considering to the communication, patients can access the International Medical Coordination Center to assist the process and procedure of accessing health services on arrival time. Also the Medical consultation and other information services can access in the same center. With respect to solve the Language barriers, all patients can utilize the interpreter services or translator during accessing the healthcare services. As many different nations from different country of medical tourists visited to the medical tourism paradise, sometimes patients may face the limited translators or interpreter services on seeking health services. This study found that having the interpreters or translators of Myanmar Language is one the main attractive to visit the International hospital for the medical tourist of Myanmar.

Generally, the communication process medical tourists, from Myanmar contact via agency of health market in homeland to access the healthcare services. And all the participant has the limited on the Language speaking, mainly all informants used to spoke the Myanmar language to communicate with the others. Medical tourists from Myanmar who seek the healthcare treatment for survival came from the different background, social status, and educational status. Although some participants are graduated, they are rarely to communicate in the English language.

In addition, trusted international accreditation has become one of the biggest drivers in the growth of the medical tourism market. Hospitals and other

medical facilities in Thailand portray themselves on their high standards, and many have subjected their premises and systems to the most rigorous inspections by applying for accreditation and certification, whereby a qualified standards organization - distinct from the healthcare organization under review assesses the hospital or facility to determine if it meets a set of standards and requirements designed to improve the quality of patient care. Thailand was the first country in Asia to achieve JCI accreditation in 2002, and 15 hospitals are now accredited. The accreditation standard has been announced to attract the foreigners continuously.

In term of marketing strategies, as Thailand has the largest network of health services in Asia, government works as marketing vehicles, promoting their private hospitals through the tourism advertisement and related to all parties of involving the medical tourism industry. Mainly in the media and the online and social network with the help of marketing features of health message and text, knowledge promotes the International Accreditation Standard Private Hospitals.

Moreover, medical tourism of healthcare services involve in a sophisticated medical treatment options, health care infrastructure, specifically framed with a tradable healthcare services to meet with the satisfaction of the patients or buyer. This industry healthcare are constructed with the highly promise of providing the high quality of healthcare with the beautiful and attractive prices of low costs which regulated with the lower wages. Moreover, the infrastructure of tourism and related to the tourism regulation and facilities such as travel visa, government policy, available of translators services, religious affiliations typically found in the Muslim members are prominent healthcare services in the medical tourism industry.

This industry usually has the commercial network to collaborate with the hospitals and other polyclinic and health agency around the world. The healthcare service provide the full-health packaged including the arrangement of air-ticket, travel visa, accommodation, and others hospital services through the collaborating network of commercial healthcare and industry framework. Excellent facilities offering, the International health coordinator center, International Interpreter (Translator) services, and emailing and consulting services provide to International medical tourists.

In addition, having many agency of health markets facilitating the International Accreditation Hospital are imported to Myanmar in recent day.

Specifically, 15 commodification hospitals from different countries of health market cultivate medical tourists from Myanmar country. Thailand is the preferred destination of Myanmar medical tourists. Many medical tourists from Myanmar used to practice health agency as well as some connected with the network of the hospital to access the health services of medical tourism industry of Thailand.

Health agency facilitate with collecting the history of patients, transferring data via online system, linked to all party of the healthcare teams as well as the business sectors of airlines and hotels services to facilitate the medical tourist, seeking for privatization of health treatments. Myanmar medical tourists also include to seek the health solution in medical tourism paradise of Thailand.

However, all mentions the above on the medical tourism discourse are driven by the commercial based healthcare and healthcare services. The ways of the discourse portraying made people to perceive and trust on the mindful services that “it is good.” “It is the best”. All this discourse made up through the collaboration with the marketing strategies and network of health agency mainly to attract people to medical tourism industry.

4.4 Perception and experience on the medical tourism abroad

Perceptions on medical tourism represent micro-level of in this section, the researcher will analyze the interaction and relation between the health provider and health user, perceiving on the medical tourism, and healthcare services, healthcare teams by the individual view point.

4.4.1 Perception on medical tourism in Thailand: Contested healthcare in the region

Medical tourism is competitive global healthcare as the consumers are from overseas. Potential patients will increasingly have choices and options in selecting countries and medical facilities for their treatment. The emerging market has provided wider choices to buy health services with variant prices from many different countries while the patients outsource their treatment to get good service with affordable prices.

Commercial strategies in the competitive healthcare industry have promoted some exclusively representations of host healthcare to attract the health users. “Specialized country and excellent healthcare service” has been portrayed by market strategies as mentioned earlier. According to Herrick (2007), he mentioned, global competition in healthcare that Thai medical tourism represented international healthcare with its flexibility in pricing for service to accommodate the means of its customers. The costs of medical services are often packaged with stays at seaside resorts, guided tours and nightclub cabarets in Bangkok to attract international patients. Also, Thai international hospitals have promoted customer satisfaction with trusted and mindful service.

While medical tourism in India approach is its capacity to provide medical services at the lowest cost among all international health care providers. India has other advantages including a large pool of physicians, many of whom were trained in the UK or USA, English is widely spoken in the country and several hospitals are accredited by the Joint Commission International (JCI) while Singapore has a reputation for high-quality medical facilities and is well known for delivering cutting-edge medical treatment, including surgeries such as liver and heart transplants and complex neurosurgical procedures. With comparative image, Thailand has a better infrastructure and less noticeable poverty than India. Prices are typically not as low as in India, but lower than in Singapore and Thai hospitals do not offer fixed pricing. However, food and lodging during recuperation will likely be less expensive than in India due to Thailand’s competitive tourism industry (Herrick, 2007).

It is found that the Myanmar medical tourists in this study had different perceptions pertaining to medical tourism and healthcare in Thailand. The knowledge and perception on medical tourism come out from their individual experience on seeking healthcare produce and interpret as the meaning of what they have encountered. As medical tourism is a competitive healthcare market, the provider provides the attractiveness packages, a comprehensive medical option, with trusted and mindful services to international patients. Based on the finding, the informants chose the Bangkok healthcare because Thai medical tourism served their need of seeking care. They compared the health services and treatment based on the

experience of seeking healthcare in home country together with other healthcare overseas experiences of friends and relatives.

“Understand...what I mean. Bangkok is easy to travel and easy to meet with medical doctor often, especially the travelling expend is cheaper than other country as well as clean environment. The main reason why do we choose Bangkok is easy to travel and near. Easy to travel means medical patients have to come for follow up treatment, if another country it is far to travel”,

The meaning of “easy and near” that it is easy for the patient to travel for the follow-up treatments and another countries as Singapore, India, Malaysia are far to travel for healthcare. Thailand has this advantage in term of location and transportation access.

Affordable price of healthcare treatment in Thailand is another attraction for the Myanmar patients. The cost of treatment include direct cost for the treatment and indirect cost in term of transportation, accommodations and cost of living which they must to consider in seeking care. Thailand healthcare has been perceived by Myanmar patients as good quality healthcare with affordable price.

“It was cheaper than other country, compared to Singapore to seek the healthcare in Thailand. Cheap means as in living cost and travel expense during seeking healthcare in Thailand”, by Ko Myo and U Myint.

They explained the meaning of “cheap” concerning more on the residential place for the family members who come to assist the patient that had convenient and comfortable places, in Bangkok.

“Based on my donor shared their knowledge and experience, I am aware that Singapore is good for heart operation and others healthcare, but it is the place for the rich people to seek for healthcare. Because it is expensive in both medical treatment and more on living expend on seeking treatment process. I perceived... I couldn't effort it”. “Then another country which is known by our nation, is India. India is famous for the kidney transplants among the patient of Myanmar usually go to seek for the organ-transplant operation in India with the connection of health agency”. (U Eaingda)

Some participant who faced the limited on financial, perceived that *“I decided to choose this hospital based on the cost compared to my pocket, and friend recommendation”*, Zaw Zaw from private hospital X.

Cultural concerns in healthcare is very significant in the competitive healthcare industry. Healthcare is not only provided health treatment but also social service. Thailand as a neighbor country, similarly in cultural beliefs and social relations was a good choice for Myanmar patients among regional international health care industry.

Why I didn't choose to go there, I thought that I would be killed during seeking healthcare in India, because I am a Buddha monk. There might be faced a religious war”. “Finally, there is the place where many people from Myanmar went to seek for health treatment that is Thailand. I decide to go Thailand where I perceived that is the closely cultural related to our nation. Then we (my assistant and me) seek the health agency to know the information and others related”. (U Eaingda)

“It is true. It is really good. The reason why Myanmar people seek the medical treatment in Bangkok is that it is better than Myanmar. They provide the services from treatments to hospital services, translators and food corner inside the building”, explains by Ma Htay.

4.4.2 Perception on Hospital: International images

Many hospitals in Bangkok, where both in public and private provide the best treatment in all fields of medical treatment for international patients, namely medical tourists. Also, medical tourists from Myanmar was offered by many differ international health services through the connection of health agency. Concerned on the perception on specific international hospital in Bangkok that they chose and trusted that are based on the statistic information from the health market as well as the trusted which drive from the social market who experienced on international healthcare.

The attractive factors had established by the industry, including with the modernized building, the healthcare structure and providing more on healthcare infrastructure and health services, in order to attract a number of the medical tourists. international discourses have been portrayed by international services including language capability, international staffs, international information provided in the

hospital. The most important marker of the hospital's 'international' orientation is the use of English and other foreign languages by staff members and in hospital signage

This is a knowledge which produce by the provider in order to catch the idea, knowledge of the medical tourists.

"Yes, this hospital provides a variety of health treatments and have many departments for patient. It does not seems as hospital at all, because full of the patients in every day. I saw many people in different country such as Japan, Saudi Arabia, and people from many countries. But they speak in the English language to communicate each other. It is an international place", Ko Myo who presented as a patient's relative from hospital X.

"Yeap, this is a big building. It is an international hospital. It is good hospital. It does not people from Myanmar come to this hospital, also from other country. I just known they speak in English language to ask the information from the customer services counter, from the taxi stand point. They all are speaking in English to communicate. As for me I cannot even speak in the English Language or Thai Language", by Ko Kg who assists the patient from hospital site B.

Ko Myo explains about the hospital services to environment as follows;

"After received the health treatment, here we can walk around the hospital to reduce the stress from illness. As hospital provided the full facilities of healthcare as well as the places to convenient to live, many brand-shop could access inside or beside the hospital areas. I believe that all of these ideas was aware to me and all patients on the hospital services as hotel services. As different people have different degree of pain and stress to travel for seeking the good quality of care, some may not want to go out due to their illness and subjective feelings. And here make you not to go out or so far, you can access all in one place". "This hospital is good for seeking healthcare. On the waiting list interval, we can take the rest with juice or water as providing free for all. We get the language translator on the important time of meeting minutes with the medical doctor. For the food and meal, we also can get our cultural food at the food corner located in the basement of the building as well as free shuttle bus to shopping mall if we want to go", Ma Cho & Ma Phyu who sought the health treatment from hospital X.

4.4.3 Perception on the service: trusted service with advanced medical technology and skillful health providers

After analyzed the data, it was found that all the participants had nearly the same perception about the advanced medical technology from the health treatments. They explained that Thailand healthcare service provide a full advanced medical treatment and it provide the better and safer healthcare solution and health treatment compared to home country.

Trust is perception and Myanmar medical tourist perception come up from the knowledge and image of high-technology, the expert medical doctors and sometimes the statistical data from the providers which produce to attract people. The knowledge, trusted information of quality of care, the power of medical and health professional, and mindful services are driven by the healthcare provider to promote the international health market and healthcare, sometime showing as a statistical data to convince on the quality and trusted by the health user.

In other words, this convincing data and information made people from Myanmar to engage to the medical tourism industry, as people from Myanmar suffered from the limitation and insecure to access the health care in Myanmar country that forced them to seek the better healthcare in Thailand. However, the statistical data is the knowledge and this knowledge are produced through the health market and marketing strategies to the social market.

Moreover, “trust” also drive from the social market as earlier mentions. Social market in this sense means the knowledge and perception on medical tourism which come up from people who had experienced in international healthcare and health care services in Thailand. These groups of people carry the knowledge and the information of medical tourism as well as the statistical data which offer the image, information, high- technology, well-trained doctor, brochures to their friends and relatives. Sometimes they added their own knowledge and perceptions based on their experience as a recommendation words to the potential Myanmar medical tourists to Thailand as mention on the earlier sections.

Participants believed that treatment with an advanced medical technology is the best solution for their health illness in today world. All participants come with the same belief to access the advanced medical as follows:

“We can get treatment from expert doctor who know more knowledge, who trained by International standard in this hospital”, Ko Phyo.

“All of the doctor are graduated from foreign country, from U.S, England, to treat the treatment”, by U Tin Maung.

“Inn, (Moan) Here, it make safe and sound that providing the advanced treatment by the expert doctor”, expresses by the participant who suffered from heart related disease, U Tin Mg.

“Advanced medical technology, yes, I was received and treated by using advanced medical technology. It is benefit and valued to our health and illness. How advanced, I don’t know during the operation interval for 2 to 3 hours under using the advanced technology and expert doctor of heart specialist. I know that the operation is succeed, I has to stay in hospital about one week only then I feel as normal person, nothing happened to me. In contrast to the knowledge that the feeling of pain and suffer from the operation experienced in home country which is too serious and suffered from one to three months”, U Nanda who seek the heart related operation.

“Today, you do operation, on tomorrow or the next day you can walk already, how is good in advanced medical treatment in here. I feel totally different from home country that we all people suffered from lacked of medical devices for long history until now”, expresses by U Myint.

The participant who come to seek the heart related operation from Yangon, Myanmar perceived on the health outcomes based on his experienced on seeking health treatment in home country where providing many colorful drug for his illness. After accessing the operation, he stresses as follows:

“Here, medical doctor does not provide much medicine, and the health outcome is good”, U Than.

The perception of the participants usually concerns more on the providing the better and safer healthcare treatment that they had received from health care services of the medical tourism industry. Moreover, medical tourist perceived that the better and safer health treatment is to access the treatment with the advanced medical technology where offering by international healthcare. This beliefs and perception originates from the health information and the power of marketing strategies which

usually portray on the brochures as *“Feel safe. We covered with the latest facilities and super specialists ...”*

For another perception came up from the individual experienced based as follows:

“Feel safe. I will take 95 percent the responsibility on the operation. The operation will use the high technology with the specialist healthcare teams for your health episode”, expresses by U Nanda that made participant to trust more on the health treatment process on seeking international healthcare.

They perceived that medical doctor have many experienced about the operation (heart related disease) and medical treatment. They (medical doctor) are kindly and patiently to answer any question during the practices of accessing healthcare and treatment. This perception come out from individual experience from the practice of medical tourism industry where the communication and relationship among the doctor and individual seems to be consultative practices.

“Before operation, I just worried and asking many questions based on seeking health experience in home country. But doctor answered patiently whatever my question is as well the nurse”, explains by the participant U Nanda, and U Than who were worried on the operation of his illness explained about the meeting hour of medical doctors.

“Now I feel better for patient, because I think that the medical doctor had more knowledge than other one. They know what patient should have what kind of meal and medicine. Because, patient has a limitation to have food due to the cultural and general knowledge from home country. But here they (doctor) allow eating everything. It is so strange for us”, explains by Ko Kg who presented as a patient's relative in the study.

“Medical doctor and healthcare teams only gain the better knowledge on the treatment and caring of the patients, especially the nutrition and meal of the patient who suffered from the critical illness”, explains by the participant Ma Cho as a patient's relative of the study.

To support the perception of the medical doctor, U Myint explains as follows: *“Doctor has free time and time to learn more the advanced medical knowledge, globally. It is clear to see that many medical doctors have about the lower*

age of 50 year, holding the Ph. D and professor of medical in respective health and illness in Bangkok, Thailand. I think that it is a new trend of medical teams in Bangkok healthcare”, expresses by the participant U Myint.

“And the practice of medical doctor treated about 15-20 patients per day that made them having time to gain the update knowledge of the medical and disease of illness. That is really different from doctor in home country usually busy with the mass number of patients where we do not have a chance to explain and reveal about our illness to the doctor. It is a big gap and a new experiences for us”, U Tin Mg.

Additionally, all (18) the participant mention on the Nurse as follows: *“Here, all nurse are welcoming and friendly to people, especially in their smile that make peaceful to me,”*

“Firstly, they (nurse) will call your ID number with smile faces. They will ask you, do you need the translator during meeting minutes. They wouldn’t show the impatient manner or mood to you. That is the different experience and feelings that we received from the hospital.”

“Nurse usually smiles, even though they are not strong to speak in English Language.”

“We meet the friendly and welcome by nurses who usually smile first then speak softly to us. But they (nurse) can speak in some degree of both in English and Myanmar Languages. In Myanmar Language, they usually speak “Min-Kalar-Par” to us”.

The participants (18) perceived that the welcoming and friendly services could not access in other countries, especially in home country where they faced the power relation and afraid to nurse. All of the mention above that was perceived by the participant experienced on accessing the healthcare service with the secured feeling of their life and health illness.

4.4.4 Perception on health service outcome: Fast and comprehensive

With suffering of chronic illness and endless health care seeking, all participants expected to get a quality treatment from Thailand participant who experienced with unknown and unclear prognosis of their health illness expected to know the situation of their illness. Participant assumed that if he (medical tourist) does

not come here, keep on seeking unclear treatment process might be worse for health illness. Health care treatment in Thailand was perceived as fast and comprehensive service which is related to the health care performance and treatment process.

“Inn, (Moan) ... Here, it have advanced medical device and the treatment is fast. First day meet the doctor and health, blood examination. We can get the health result what happened and how will proceed in the first day. If need, it will be entering operation on the next two or three days of arrival”, discussed by the participant, U Tin Mg, U Zin Vnyar, and other female participants of the study.

Overall, the outcome of health treatment and the trusted words of doctor made the informants to perceive and trust on the advanced medical treatment by the well-trained medical doctor of the medical tourism industry.

“Thailand has a full medical apparatus for checking details on the health issue. So we also can know where, which part of the body get problematic”, assumes by female participant, Ma Sandi who presented as an assistant of medical tourist (mother).

To summarize, the perception on medical tourism was shaped by the discourses through the social market as social network information and the health market with marketing strategies made people to think about the quality of care, comparing to the existence healthcare services and the gap in home country. The idea and perception which were produced by the health market relation to the commercial healthcare industry to persuade and satisfy people on the international healthcare services and treatment process.

Thailand healthcare in the competitive medical tourism is perceived as international and trusted services. In addition to the health treatment and processes, the outcome of medical treatment serves as a reputation of medical tourism industry of Thailand. This reputation was carried through the social network of the informants to their relatives and friend in Myanmar that encouraged them to seek the service which perceived a better service for their illness.

In the seeking healthcare in a foreign country as Thailand healthcare, “time and cost” is very important for the medical tourists. Thailand medical tourism industry provides one stop services to the international patients through the marketing strategies and healthcare promotion. The market information of medical and health

services as “comprehensive treatments and healthcare options” made people to think about the spending cost and time consuming of seeking the better healthcare in internationally. Therefore, receiving the healthcare services in one place or in one hospital as “all in one for all” influenced the knowledge of the informants who came from Myanmar and who really needs the medical treatments in which they had never been accessed in home country.

To sum up, all of the perceptions come up from the individual trusted and this trust was constructed by the producing data and information of the health market collaborating with the commercial healthcare industry of medical tourism. Last but not least, trust also was driven by the social market as an individual network that had practiced and experienced in seeking healthcare in Thailand.

4.5 Subjectivities and Experiences on Medical Tourism

The subjectivities and experiences of medical tourists are explained as an individual level under the contexts of medical tourism of this study. The subjective experiences refer to feeling, subjective suffering on healthcare experiences in Myanmar and Thailand related to medical tourism shaped by political and economic forces of healthcare in Myanmar and Thailand, discourse of medical tourism, and the perception on the healthcare services in Thailand.

Most of the informants in this study, Myanmar medical tourists who came for medical treatment in Thailand. Medical tourism were old age, middle class regarding socio-economic status suffering with threatening chronic illness such as heart disease, cancer, eye problem, bone and nerve related diseases. All of them had sought seeking care in Myanmar for years from different health services in order to fight against chronic health problem or incurable disease.

“I still suffered from breathing, easily to weak after taking the speech related with the Buddha rules. As I’m a monk, I had the role to share the knowledge of Buddha rules to the living things who had a desire to follow the Buddha rules. Sometime it took more than 10 hours. After that I was suffered from the weakness, lacked of energy. It was suffered from many months of this illness”.

Some patients suffered from heart disease or eye problem and need to do operation resulting from the medical doctor advice. The operation cost were taken from their own pocket but still some patients experienced unsuccessful treatment result.

“Medical treatment in home country, we have to pay 100 percent by out of pocket, in each or every single operation or surgery, we received the small paper which written the required medicine and materials to continue procedure, it is self-seeking the medicine and other required disposable especially blood donors and blood bag. Have many things to decide to seek the good quality of care, but illness is important”, that expressed by U Eaingda on seeking health treatment process in home country.

As mentioned earlier Myanmar people was suffered in unaffordable and inaccessible routine healthcare inherited from the political economical forces resulting from military government regime. There was a long journey of suffering from the political power and low investment in healthcare services such as inadequate health care services, poor quality of care and health services, and no universal health coverage in healthcare structure. All of these contexts shaped their subjectivities and experiences on healthcare in Myanmar.

“I feel insecure to access health treatment or operation in own country. Lacking on advanced medical equipment and no value on patient in our country health services” U Myint Ng expressed.

“In order to decide to come here, firstly I feel that it is a major operation regarding on my illness and I feel insecure on the technological in own country. When I had a higher position and experienced seeking health treatment in army hospital, Yangon general hospital and suffered on accessing health treatment. I do not want to do operation in own country. As I do not want to do operation in own country, I discuss with my doctor about seeking operation and health treatment in Bangkok it would possible or not” that was explained by Zaw Zaw.

Moreover, U Than explained about the big gap of healthcare in home country that made him to feel insure to seek the healthcare treatment in home country. His expression as the follows:

“The capital investment is unbalance and also “supply and demand” among the health service and the patients are not enough in Myanmar. No choice of medical treatments for the people in our country that strongly motivate to seek the better and safer health solutions, by seeking health market in different ways”.

In case of severe and serious condition, people sought the private hospital for taking health treatment that they can sure access the medical doctor as well as the medical device at once. To do so, the middle class of people from Myanmar sought the alternative healthcare destination to struggle their life and illness problems. One of the male participants stressed on seeking health illness treatment in home country.

“We seek the health services and treatment in one private hospital in Yangon. Why private, this hospital can provide the health treatment better than public hospital. I had experienced of being patient assistant in hospital. I was forced to stay outside of the patient room, by the health staff. Sometime, I really have to afraid from the different level and position of medical and healthcare teams, especially nurse during the caring and visiting hours. In order to get a good connection with nurse, we need to buy some foods for them”. “It is likely to be a health black market. Buying some things and some foods to get a favor from the health care teams, we (patient, me and family members) were really afraid them, expressing by Ko Kg”.

Participant though that bad connection with the medical teams especially nurse that may affect to the treatment process and caring process on the patient (Myanmar medical tourism). So, it is the nature of seeking healthcare experience in homeland.

In term of the lacking advanced quality of health services, Ko Phyto who presented as a patient's relative of the study expresses as follows:

“It does not mean medical doctors in home country not skillful, and no experience on treatment, but it is related with the advanced medical technology and medical laboratory examination. In this era, almost all doctors depend on the medical laboratory results. This medical result does not stable, how doctors can continue the further treatments. Here, the problem of care and treatment make me to come here”.

“The advanced laboratory machine was shut down often as well as there had a good maintenance services from the original company or country due to the

expensive cost of servicing from medical engineering of foreign country”, by the patient’s relatives expression, Ko Myo.

All the participants provided the same sound on the process of seeking health treatment is that *“Asking me to lay on the bed, examining with medical tool (stethoscope) for a minute. The doctor said, “It is enough and sometime taking the blood testing”. I usually get the word of, please come back on another 2 or 3 weeks”. “The health result never clear to know what is really happened?”*

The participant was discussed about the unbalance of supply and demand on the healthcare that related to the risk of life during operation hours. The meaning of risk was expressed by the participant. So, the simple word of *“risk”* that participant stressed the level of feeling insecure to seek health treatment in home country. U Tin Mg explains about the limit of basic infrastructure in Myanmar that may affect the health care treatment as follows:

“In case if the electricity was cut off by accident, how do they (local healthcare service) prepare to handle during the operation period? I do worry for this one “risk” of my life”.

“The main reason why I seek health market in foreign healthcare, I feel insecure to access health treatment or operation in own country, again. No choice of medical treatments for the people in our country that strongly motivate to seek the better and safer health solutions, by seeking health market in different ways”, expresses by U Win.

Many points of interesting that force medical tourist to seek the foreign health care and treatment process among Myanmar medical tourists. Generally it comes from their narrative experiences on health seeking experience and subjective feeling on accessing in local healthcare. The subjective words were as follows: *“unpleasant experiences”, “feeling insecure”, “unmet healthcare needs”* that forced them to decide seeking health care outside of the country.

In searching for better healthcare, informants of this study narrated their experiences in seeking healthcare overseas by linking with global commercial networks of healthcare. In addition, they (medical tourists) spent a time for searching, listing, cultivating the information and experienced from the friend and relatives who experienced on accessing foreign healthcare. Opening an eye to health market agency,

some participants was listened from the friend and doctor recommended as well as engage with the self-seeking on agency information, online, brochures of the brand name of healthcare agency, health industry.

“We (family members) do inquired themselves to search the health market in Thailand combining with the online searching and the recommended by friend. Based on the recommendation, here is the best for health operation with doctors who was a member of Royal Thai King's medical teams. For the other famous brand-name hospital, I seeks the information as well”, U Than who comes from Myanmar and who works as a managing director of the marine product company.

“As we (patient and me) do not know exactly which hospital that should we go to seek for care in Thailand. So, we follow the information about the brand-name of hospitals with the network of health agency to get the information about the hospital and healthcare treatment and health in services. Seeking the information about the healthcare services through the health agency, we feel that we do not receive enough information (in regarded to the cost which does not clear and the feedback information was not clear) which does not make sound for us to understand clearly. In final, we seek this hospital where do not know about the hospital before, but we choose it. Health agency provide the information in good explanation that help us to understand the reliable cost and expand on seeking care in Thailand”, U Zin Vnyar who presented as a patient's relative in the study.

“Based on the discussion and seeking health treatment in local doctor, the implantation of steel on my backbone would not be perfect or recover than seeking treatment in foreign healthcare. So, this is the reason why come up with the idea of seeking health market. And my husband and son went to Yangon opening eyes of health market and agency” explained by Htay Htay who is a member and a leader of women development program in Myanmar.

The medical and commercial discourse of medical tourism is driven by the power of marketing strategies. Medical tourism in Thailand was attracted the informants with quality, high technology and service minded.

“We aware the knowledge of health and treatment through the marketing programs which represented about the image of the hospital, certificate, expert doctor with advanced technology treatments. Inside information from the brochures of the

well-known hospital X, are usually having the doctor use the medical devices to examine the patients, have the detail health information, and mention about the need of the patient in particular illness and disease”, by Ma Cho.

“Although we have known from many advertisement program that there is a foreign health market available in home country. But we never have the idea to search the information and the knowledge before” “but we need to search the information on the healthcare services”, by Ma Htay.

“Yes, it is expensive. Before deciding to travel, we have to think so many point regarding on their social and family status. But I strongly suggest that if you do really not have much money to access treatment here, just come... come to take the medical check-up, bring the medical record to Myanmar. It really make a sound for your health and life. Because our life is more valued than others”.

In decision to seeking international healthcare services, financial serves an important part to conceptualize through process of seeking international healthcare to access the quality of care in the context of medical tourism industry.

Women participant of the study expressed their narrative experiences on seeking healthcare in home country continue the process of to access the international health care services as follows:

“As you know, we are the member of government service; we do not have much money in hand”. “We never think about seeking health treatment in a foreign country. It was an unclear situation for us, especially we do not have much money in hand. We do not know how to do and what to do for seeking health treatment in foreign”.

“On that time, my husband was crying a lot. We have to sell the house, the shop and others. Totally we collect money about 500lk in hand including borrow money from my relatives. The estimation cost about 300lk. We think that we need to collect more money to cover the transportation and living cost in Bangkok. My husband, I and my son, we all try to collect money to come here....When I have to tell my detail experienced, it cannot be ended for today”

On the male (Zaw Zaw) participant stressed:

“To be honest, I am not rich as other to seek healthcare in foreign country, but it was related with health that brain and nerve operation. To be honest, I tell you

about my economic condition. In monthly, I received from the pension salary about 3500bahts (equal 100000 kyats) and 6500 baht (equal 20000kyats) funding from the marine family members in monthly. Spending about more or less 100000 baht needed for seeking health treatment in one travel to Bangkok. But it is related with illness and life, there is no choice for me. You know I need to save about 20000 baht (600000 kyats) monthly to come here, to seek medical treatment. I still have two daughters who waiting me and still studying at university in Myanmar. I need to take care and think about the future”.

“In the economic status, I works as a managing director (MD) at the marine products company, I come here with my assistant who is good in English to communicate with doctor, because here we could not access the translators all time”, U Than explained.

It found that expend on the cost of health care including the travel expend in the medical tourism industry related to the socio-economic background of the participants to their illness condition. The information was informed by the Ko Myo in the study.

The patient’s relative, Ko Myo reported about his uncle who suffered from the Buccal cancer and had taken the health care treatment from one of the private hospital. Within 2 years he took about 4 times of appointment services for chemo-therapy. In the next appointment, he failed to access due to the financial burden. He could not travel on the next follow-up treatment process of chemo-therapy due to the financial difficulties. He expressed as follows:

“Right now, he (his uncle) could not come to access the healthcare service of Thailand, although he perceived that it is good quality of care and treatment. He faced the financial burden for the long-term and expenses problems to him. If possible, he still wants to take the health treatment in Bangkok, not in local country, really pain to him”.

In accordance to the pattern of being medical tourist, all the participants of the study, they stayed in different areas of Bangkok according to the arrangement by the health agency. Typically, they stayed at the different places where near the hospital to convenience, to go hospital. They usually come with the family members and travel with the relatives to assist them on travel for care. Therefore, the staying and

accommodation process of medical tourist and family member are also involved in this study.

The length of staying and duration are not fixed. Most of them stayed about one week to more than three weeks per time of seeking healthcare in Bangkok. The length of staying in short days were rarely to take the tourism opportunities, relation to the shopping and other cultural heritage in Thailand. While for the informant who stayed longer days might have the time to enjoys on the recreational and tourism facilities which widely provided by the medical tourism industry. The recreational and tourism facilities involve on the practice of spa, health message among the practice of family members or patient's relative in the study.

For Myanmar medical tourists travel with the only purpose of accessing the better healthcare services for their health illness and health solution. It also found that after the treatment process was resulted with a good outcome, the participant used to take the tourism opportunities from the sea site of the famous beach in Thailand.

Enjoying and taking tourism opportunities were depend on the situation of the participant socioeconomic background as well as the health related condition. As spending many hours to days in Bangkok, participants open an eye toward the tourism activity of shopping practice in the brand name shopping center as well as the whole sale market, Platinum, Central World, the rest to the Historical Buddha Temples before they (participants) return to homeland.

According to the findings, most informants had positive experience through the seeking healthcare in Thailand. A positive experience has been resulted by a team of expert medical doctors in Thailand medical tourism as well as the health outcomes of the medical treatments. After successful on the seeking healthcare in Thailand medical tourism, all informants return to the home country.

However the practice of treatment in chronic illness or operation treatment under medical tourism are needed to be followed up with continuous health care. The informants expressed their need to come for the follow-up treatment options, after operation. *"The more I want the quality of care, the more fears in money I had"* was expressed by the participant, U Than.

Among all informants, four informants informed and contacted to the researcher about their arriving and continuing life and seeking healthcare condition in

home country during the analyzing period of the study. One is U Nanda, who expressed the feeling on continuing process of seeking health treatment and cost in Thailand medical tourism that he, honestly, expressed that he does not have much money to continue health treatment to medical doctor. Therefore, he requested to cancel the follow-up days to another years assigned by medical doctor.

As well the same experience of U Zaw who recovered from the operation of brain, although he was experienced with positive health outcomes, there had the other condition concerned with the financial issues to request the follow-up treatments which assigned by doctor in Thailand medical tourism. For the case of Ko Myo's uncle who suffered from the buccal cancer and who took the health treatment in hospital, Thailand also could not continue to take the another follow-up healthcare, due to the household income as well the spending cost of seeking health treatment in Thailand medical tourism. Both of them informed the same reason of "endless seeking healthcare" that they had acknowledge. *"It is a quality of care that they received from Thailand medical tourism, because of the financial limited they had to cancel"*.

In the case of Ma Phyu, she passed away after returning home before the appointment day which assigned by the medical doctor in Thailand medical tourism. Her family member informed that she had rejected to continue the health treatment of medical doctor in home country due to the absent of the medical report. The medical report is one of the explanation and recording about her treatment process in Thailand medical tourism. She waited until the last breathing to receive this medical report to continue the treatment process in home country. Therefore, the continuing care and follow-up care is important to Myanmar medical tourist.

In order to understand lived experiences of medical tourists, three case studies were demonstrated and illustrated by individually, the subjective experience of Myanmar medical tourists. Case study support to illustrate how they struggling for their life to become medical tourism, how they respond to the medical tourist life experiences.

Suffering and Struggling to Access the Quality of Care: the impacts from the limitation of healthcare services in home country

Win: Win is a Chinese who born in Myanmar with a significant health needs that motivated him to seek health care to Bangkok, Thailand. Win is a widower,

72 years old and has two sons as a family members. He lives in Yangon, Myanmar. Win is a father of the family, non-literate person, but he raised two sons to be a graduated person who own the recycle bags production in Yangon.

Elder son namely Myint, presented as a patient's relative of the study. He narrated about Win's illness experience that his illness related to the eye vision. So, he was seeking health operation in one of the private and well-known eye specialist clinic in Yangon. This hospital is a private hospital, standing as a well-known eye hospital of the country Myanmar. But he took the operation related with eyes, following the instruction of the medical doctor assigned. But his illness condition worse day to day. Although he expressed his worries to the doctor, doctor still keep saying that the condition would gradually recovering to normal. The worse vision was occurred after taking the operation. He decided to seek the quality of care via health agency. He readily discussed about his seeking health experience in Myanmar as well as concerned on suffering from his illness experiences. He said,

“After the operation, my eye was serious redness and now I just can see the lower as a shadow, as a spot light only. I cannot see the upper part of view”.

Although the doctor explained that it was not serious, He did not trust. He sought to another eyes specialist that he was known that it was significantly need to do the second operation. He was suffered from the treatment process on seeking health in home country that made him not to trust more on the health services and treatment in Myanmar.

On the second visit to eyes specialist, he met the one of the health agency member, who recently had the network of the International healthcare services. And Win had a personal motivators and feeling insecure on the healthcare from home country that led him to consider medical tourism, Thailand.

“I don't want another unsure operation again, my family member also. So I decide to contact the health agency for seeking care in Thailand”.

He spoke of the suffering from his illness and seeking health care in Thailand. It was clear that he trusted as Thailand healthcare was the solution for his illness. He perceived that *“Thailand had the advanced medical technology as well as the expert doctor”*.

On travelling for healthcare, he was assisted by the elder son, Myint, 40 years old. Win was invited to participate of the study. He was pleased and welcomed to the researcher for interviewing about the experience and subjective feeling on seeking healthcare in Thailand. Also Win asked the researcher to assist for the language barriers through the time of seeking and accessing health treatment. He give the reason as you (the researcher) will see the true picture of the patient (my father) experiences on seeking healthcare services in Thailand. The researcher was spend much time to follow and assist them. It help to gain the rich knowledge on individual experience on accessing International Healthcare of the study.

On the first visit to medical doctor, he expressed the feeling on seeking the quality of health treatment as *“a little worried”* and *“hope for new life”*. He said,

“Today, I was a little worried and I hope that doctor will do operation to me. I just want to see again. I do not want anything or ask more. I just want to see again. That is enough for me”.

On the second visiting day for operation, the researcher was entered to the operation room to assist and comfort him, by the requesting of the participant and agreement of the doctor. He was experienced from a major operation to a minor operation for his illness. But, the health result was better than expectation. He expresses that:

“At first, the medical doctor said, it would be success for 75 percent. After the second time operation, the vision was cleared than before and it recovered to 85 percent, finally. I was happy for this result, I hope to see again.”

He was pleased on the seeking the quality of health treatment, but he was worried to return home without cutting the bind of operation. His family member also worried that the process of flying force by air may affect to his father eyes. So, he spent the lengthening of life more than 3 weeks. His expression words were that:

“Thanks so much to doctor that give one more life to me. Really thank you!”

“Before I go back I want to take picture with the doctor who gives me a new life and vision to see the world.”

Respected to life experience, Win and son stayed by the arrangement of the health agency. He perceived that although the rest place was far from the hospital

and the food shop and restaurant, but it was near to the place of the Myanmar health agency sister. He perceived that:

“If I need the help, she can help me in time, by staying the near place to her”.

He was prepared to respond the life in the new land, by staying near the person who can help him in time. Although the longer staying in Bangkok, he refused to take the tourism opportunities with the reason of seeing as only one eye. His words were as follows:

“Even I go out, I just can see one eye, so I do not”.

He spent only the first day of operation fees about 50,000 baht for one side eye operation, it did not include the living expenses and transportation. In concentrated to the cost of healthcare, the participant perceived that:

“Yes, it is an expensive healthcare cost, but he receives the best medical treatment from hospital and good experience”.

“Since the health outcome was good, I did not concern more on financial, and I would like to share the experience and health information to others to consider medical tourism, according to this experiences”.

Overall, Win did not have opportunities to visit Thailand tourism places as Ayutthaya, floating market, even the famous royal palace, Bangkok. He spent most of the time on exercises which assigned by doctor. To summarized, the subjectivities and experiences of Win reflected poor healthcare services from original country which have driven him to medical tourism in Thailand. Even though the hospital is the best well known one, he experienced two times operations with unsatisfied result in the private hospital Win has limited choice to better healthcare service in home country that pushed him to find a better health care oversea.

Base on the narrative story, Win's experience also showed the power of global health care with driving by the commercial interests. Thailand medical tourism to Thailand was introduced by the market strategies thru health agency that operated internationally between Myanmar and Thailand. Discourse of Thailand medical tourism portrayed distinctly quality with reasonable price, professional and knowledgeable health care providers.

While Myanmar health service was limited to access the quality of care and treatment. The poor quality and the healthcare service in home country made Win to suffer and not to ensure on accessing and continuing the health treatment in home country. As his illness was related to eyes and visions, he needs the better and safer health care to ensure and continue the later life. Suffering from no vision and close to blind condition was related from the human life. In the condition of blind and suffering from vision, he perceived that his life was death and no vision same as no meaning to live.

No matter how he has to do the second or third times operation, but he only needs to ensure the safer treatment to recover from his vision. In the interviewing, he revealed that he could find to believe on the advanced medical and technology operation and he could give his life to expert medical doctor in Thailand healthcare. Therefore, the political inherited of the original country healthcare structure forced people to seek the new avenue of seeking international healthcare and made people to desire more on the advance medication which they has not been access before. And, it was found that the insufficient of health supply and poor condition of health services in delivering were the root of suffering to engage the medical tourism industry.

To highlight the information of the experience on seeking for quality of health treatment, his elder son, Myint, also was interviewed by the researcher. Myint was aware that:

“Here, we received the quality of health care, feeling afraid to be worse in Myanmar”.

He was worried as the same feeling with father on accessing healthcare in home country. He shared the word that emerges from the father’s subjective feeling that: *“Son, I do not want to give my life to them again”.*

He expressed his feeling on having only father for his life and his mother passed away from suffering cancer disease, it was two years ago. He want to fill up the father *“wish and need”* and decided to stay more until the follow up day for cutting the bind (rope) of operation.

Seeking health care in the foreign country may face with cultural difference. Win and his on faced with the cultural different taste of lifestyle and foods. He is aware that all of the food in Thailand is too sweet.

“As I suffered the high blood glucose level, I couldn’t eat. Even the rich, after having it my blood glucose level was higher. I need to take care of my food during staying in Thailand. But, I love to have the fresh fruits in front of the hospital”.

It was realized that the practice of seeking the quality of health treatment not only mean the curing process, but it was the pain, the feelings related with life and hope. However, staying in outside of the country for many days with illness condition, it was ensured that people might be feeling to accept the feeling of staying in strange land, the cultural and communication, the lifestyle and foods which were different in taste, as well the financial constraint.

The New Meaning of Life and Death under the advanced medical Technology

U Nanda: U Nanda is a Buddha monk. He comes from Pyin-Oo-Lwin located at the central region of Myanmar country. He was suffered from long-term unknown health illness experience, travel to access the quality of health treatment, Bangkok. The practices and experience of seeking treatment in home country, Mandalay resulted his illness related to diabetes disease, not other caused. But perceived that his body immune system was dropped often, easily to get weak. He was a desire to seek the foreign healthcare services and he perceived that the advanced medical technology would be the one to solve his illness. The perceptions were that:

“There have the advanced medical technology that would get the health result”.

It was started on the day that 3 land brokers come to temple at Pyin-Oo-Lwin.

“Three men were introduced themselves at first they worked as a land broker where near the place of the temple. They come to pay respect to the monk often and regularly. One day, the discussion topic was about the health and international healthcare services that meet with my desire”.

To portray the suffering experience from the original country, starting from experience on the low quality of medical treatment that motive him to seek the quality of health treatment and an advanced medical technology in abroad. The feeling of desire was emerged through the experience on unmeet healthcare and illness.

Monk admitted that he was a desire to seek the quality of healthcare in abroad, regarding on his illness was worse day-to-day. He had the limited on the financial difficult, and he had some amount of the money in hands. He was supported by 3 men of the financial aids to support the desire of full wish on the first travel for care. One man assisted to seek the health agency, one for the transportation and the rest person was supported for the living expense during accessing and travelling for care abroad.

He (U Nanda) was experienced and acknowledged the first desire on seeking health treatment in Bangkok before interviewing by the researcher. He was pleased to share his experienced on the first desired of seeking medical treatment from the well-known hospital that it was not succeed which concerned on the financial issue. His illness was related to heart disease and need to do operation which cost more than money in hands. He described his travel and medical tourism experiences.

He said, *“After taking health examination (which does not only blood testing but others as well) for two days, doctor and U Zin (presented as patient’s relative) told me that everything is fine. It is ok.”*

He was trusted and feeling happy that he was not suffered from any related disease. So, he took the tourism opportunities to visit the Royal Palace, Ayutthaya with a peaceful mind. In reality was occurred on arrival to home land. The real health illness was related to heart and need to do operation within one month. He was received the message by his assistance, U Zin, as follows;

“Phone-Gyi... your illness is serious of heart related condition. And it is need to do operation which is more than what we can afford. If you want to continue, we need to go back within one month. Here, they (hospital) gave an emergency pills and instruction”.

He shared the feeling concerned on the financial limitation that made him to seek the Myanmar healthcare services with the feeling of insecure for the operation.

Again, he was experienced on seeking operation in one private hospital, Mandalay. He was shifted to public hospital due to the lack of medical equip in private hospital. He was experienced on suffering from the limited medical device in home land as well as suffering from the desire that he would like to take the operation where

safer and better for his illness. He perceived that if he took the operation in Myanmar, it would be resulted in 50/50 percent. While he was aware that:

“There (Bangkok) have the medical advanced and technology to treat my operation”.

Moreover, he was suffered from the limited and waiting list to take the operation in public hospital.

He explained that many donors come to comfort his mind to live under the Buddha rules and some shared their experiences on taking operation in Myanmar that *“the experience and feeling after operation”*. He stressed the feeling that:

“I really cannot cover this amount (International health treatment cost)”.

He was comfort by some donor (who believe in ancient and cultural rules). He revealed the meaning as follows:

“Phone-kyi (monk) keeps the Buddha rules in mind, live as much as you can”. *“Suffering the illness does not them, but it was about myself”*, he perceived.

At the same time, he still had a desire to seek the best medical treatment for illness. It was cleared that he was driven by the idea of taking and utilizing the advanced medical for the health solution.

Unfortunately, He was supported by his friend for the second time of travelling with the mix feeling. He was pleased on accessing the advanced medical treatment. He expressed his feeling that:

“I feel really comfort and satisfy to get the advanced health and considered to medical tourism in Thailand”.

It can say that his life was under the advanced technology. On the other word, people were forced to engage the International healthcare industry to medical tourism services by the idea of accessing the quality of health treatment and an advanced medical technology for illness. He said,

“My feeling was totally different compared to the first arrival and I feel a little worried to take the operation”.

He was discussed by the doctor regarding on his worried before operation. After getting the word by doctor (Bangkok) he was pleased that:

“He (doctor) will take will take 95% responsibility for this operation and ask me to feel safe for the operation”. “As I believe you (doctor), I assign my life on your hands”.

The meaning of “95%” that made him to trust on the operation. He assumed that health outcome would be good. He was worried during seeking health. His feeling was reflected to the life experience under the advanced medical technology and expert medical doctor.

Unfortunately, he spoke of the important of part of medical tourism was communication. He explained that as he could not speak in English nor communicate in Thai Languages that made him worried too. His feelings were that:

“Lack of understanding the language culture, there is a little suspect during treatment and operation”.

But he was received the good services on the discussion time with medical doctor. He expressed that:

“They (doctor) answered patiently whatever my question is, the nurse as well”.

His experienced on suffering from unmeet health needs and self-service for purchasing drug and other needs in home country that also reflected to his feeling of worried.

The researcher was met the participant on the day of his operation. He was accepted on inviting to be one of the participants of the study. He would like to share the feelings and experienced during taking the health treatment. He said,

“Ask me, what you want to know about his treatment experience”.

On that time, he really want to speak and share his feeling, but the researcher noticed that his operation was finished on the last minutes ago, he should take the rest and the researcher had to go on another days for interviewing.

He explained that although he was worried on the new land to new life, he try to comfort his mind. His feeling words were that *“Because of the strange land and I cannot understand their language and they also. So, I try to comfort my mind with the rules of Buddha”.* The word of “strange land” and the controlling on mind was reflected to the struggling feelings that exercised on the new land. It was shown that

the life experience that respond to the new land under the advanced medical technology.

In specific, he was discussed more about the life that related to the taking on advanced medical technology and quality of care. Although there was worried, but he still would like to the chance on accessing the quality of healthcare, in the last. His worrying was that:

*“I feel a little worried that could I have a chance to return home?
Would I end my life here or alive?”*

At the same time, he was controlled his feeling and prepared that although he access the quality of healthcare and the advanced medical technology for curing his illness, he could die. The meaning of “ending the life” or “alive” that went deeper than the curing the disease or illness. But it was reflected to the unseen the feeling of suffering by the participant.

According to the Asia Cultural and spiritual, everybody return to home, after the journal had ended. Also, everybody would like to end their life in homeland. Nobody would end their life in the strange land. His feeling was that:

*“If I die, how I should prepare for my last breath, here?”
“If I die, don’t try to deliver my dead body to Myanmar”.*

He was acknowledging from the donors who shared their experience about the high cost to carry the corpse to homeland. He was worried on his end life that he could not effort the cost for bringing the corpse. So, he left message, before entering to the operation room as above.

Although having a good healthcare outcome and experience, he also stressed the cost of healthcare was high for him. Overall, he was pleased on receiving the International healthcare and left the recommendation to the future medical tourist from Myanmar, and who plan to seek the International healthcare that:

“Thailand healthcare and health services was good and the best to seek the quality of health treatment for your illness as well as the information about the health agency to provide the clear information prior to consider medical tourism in foreign as well as concerned to the cultural different tastes on living styles and foods”.

“If we can get the quality of health care in Myanmar, it better for us to reduce the cost of transportation and living charges”, ending with the hope on the healthcare options in home country in the future.

In the case of U Nanda , a monk from Pyin-Oo-Lwin, in the central region of Myanmar country who travels to seek the medical treatment in city of Mandalay and Yangon for his illness Myanmar. He has stressed on the suffering from long-term of illness and poor in quality and health services in home country for many years. He has taken the opportunities of seeking the better quality of healthcare in private hospital of home country, but his illness was not cleared to result the specific types of illness suffering.

As the country has been changing in transportation, telecommunication, and others sectors, he has the knowledge of international health services and market from local donors who migrate often from the city to the central areas. The spreading information and the available of quality care in international healthcare services made him to desire and perceived the quality of healthcare which available in medical tourism industry.

According to his expression, the day was coming to fulfill of his desire to receive the quality of care in Thailand healthcare services with the network of health agency as well the supports of donors. His first visited to seek Thailand healthcare reflected to how the market strongly promoting in the country of Myanmar that influence on the idea and knowledge of accessible and available quality of care, the using advanced medical technology of the medical tourism. But, he was failed to take the opportunities of medical treatment in one of private hospital in Thailand due to the financial constraint.

It is ensured that U Nanda was suffered to save and collect money in order to receive the better quality and the safer treatment from Thailand healthcare industry. In other words, he had a strong desire to receive and he really suffered from the needs of quality of care which offering by the capitalist and market based service in healthcare structure. He was trusting the international health care in Thailand, he put his life to the hand of the doctors to the end of his life.

To summarize, the narrative story showed the power of medical discourses which were constructed by the commercial health care. He perceived that the quality

of care and advanced medical technology were the solution for his illness. He finally, decides to believe on the medical expert and decide to give his life to the doctor hands. Because, he was received the word of “95 percent” taking responsibility by medical doctor from Thailand healthcare services. However he also had the great fear of surgery with the advanced medical as well as the fear of death in strange land. But he still had a worrying on the risk of medical treatment as same as the hope on new life. The feelings on worrying, believing, and hoping made him to prepare the condition of death and life under the advanced medical technology.

Therefore, travelling to seek the international healthcare does not simply as taking the quality of health treatment but also made people to desire and belief on the quality of care and advanced medical technology as well as pain, feelings, worrying and related with life of an individual experience.

Undigested experience on accessing healthcare services:

U Tin Mg is 50 years of age. He is graduated. He is retired from a member of international marine engineering last two years ago. He comes from Yangon with the main purpose of seeking the quality of care. He is the leader of the family, having two sons, who are graduated and married in recent condition. His son is a person who support for his medical expenses on seeking healthcare for his illness.

To U Tin Mg, his illness starts with the knee's joint inflammation, seeking the health treatment from one of the private hospital, Yangon. After seeking the medical treatment and examination, he finds that his illness is related with the heart disease as a result from hospital. He finds that unpleasant experience on the visiting to hospital to continue the operation by heart specialist in home country. The risk of the heart operation as well as the possible amount of the locally cost to international cost was explained by the doctor.

. Medical doctor explained the possible the amount of the health operation locally to international costs as well as the risk after taking operation of his illness. After knowing the detail risk of the operation, he decides to seek the better and safer health solution with the reason of:

“Feeling insecure to access the operation”.

“No choice of medical treatments for the people in our country that strongly motivate to seek the better and safer health solutions, by seeking health market in different ways”.

He was introduced the well-known international hospital by his wife friend who running the travel and tours company in Yangon. Then, He sought the healthcare information through the internet, contacting the health agency for getting the knowledge of health information and health markets. He inquired the different hospital to make the decision of medical tourist, regarding on different well-known Thailand international hospital in Local. He perceived that it is their right to know and compare the hospital information for their illness. His expressions were that:

“I open to see the information of International healthcare as well as other different hospitals. Yes, it is our right to know about the reputation of the hospital and feedback”.

He, finally, decided to join the health agency which recommended by friends, although he did and inquired them to get the health knowledge of International Health Market and health treatment process. He pleased to share the decision and reason why “This well-known hospital”. He was acknowledging that different hospitals have a strong point of their marketing process. He is aware that using many marketing themes, brochure, and hospital image explained. He also aware that their feedback on the health treatment discussion was different that make him to accept the hospital which recommended by friend. His sound like that:

“Here, the reason why I do not choose their health agency and health treatment is, their marketing is too good and the feedback from their treatment process is different from this hospital (recommended by friend). That’s why I choose this hospital”.

U Tin Mg, he perceived that he had join the health agency as a half process and not totally depend on health agency. Half process is the meaning of he did not take or purchase the whole package of health treatment from the health agency. He booked the air ticket themselves as well as applied the visa.

“I did not purchase their health packages and it can say as “partial packages without costing the health agency fees”.

Turing to the family structure to economic condition, he has wife and two sons who married already. Although he was retired from the job and he still have two sons who support for the social economic condition. The medical expense was paid by his son and no need to worried more. Totally, four members come together to seek the health treatment for his illness in abroad. After operation had done with a good outcome, his two sons return to home country for running the business. Only the participant and patient's relative (wife) was met by the researcher on interviewed process.

He explained that he was assisted by the health agency starting from the air-port to the staying process on the first day arrival to Bangkok. He and family member was arranged to stay the outside place, i-House where near to the hospital by health agency. The life and illness experience of seeking International health treatment was emerged with the subjective words "*undigested experience*" to me.

The meaning of "*undigested experience*" is that the rest place and transportation process does not convenience as they explained. He and family members was difficult for daily transportation and ferry process to hospital which does not running in timetable as well as the door was closed on the connected way to hospital. Taking about 20 minute turning the circle route, arrive the hospital on daily process. His words were that:

"Before, they (health agency) said, having the ferry system to convenience for transportation. In fact, there is none".

He expressed the worried feeling about the transportation and walking alone for his wife in the strange land. After operation, he was stayed in hospital over 10 days and patient relative (his wife) have to go along. He was suffered from the long length of staying in hospital, without knowing when he can check-out. His doctor went abroad and the assistant doctor could not tell the exact date for check-out from hospital. On the side of he had to spend twice times on the cost of hiring the room and feeling undigested on the extra cost of the hiring room without living for many days. He revealed that:

"As we do not know exactly that when we can check-out from hospital, we have to hire the room without staying for many days. For the owner of i-House was

serious too. If we do not hire, next day the room will not free for us. So, no more room free for us when we need it. It was wasted money for many days, it is a true story”.

He was knowledge and information about the estimation cost of living expands by the health agency, but he perceived that:

“I know, we need to spend for living cost, but should not be like this”.

Continue to the seeking and accessing International healthcare and quality of health treatment experience of U Tin Mg, emerged with the subjective feelings to spell the words of *“Out of schedule”*. The meaning is that the treatment process, plan and schedule had delay for going treatment process after the meeting with medical doctor for health issue. It was an undigested experience on accessing health treatment in abroad, according to his experience that encountered at recent. His statement were that:

“The treatment process is out of schedule. The meaning of “out of schedule” is that treatment schedule plan takes long days for my illness. It seems that doctor has not much time and plan to visit foreign on that time”.

Moreover, he stressed the time is important for international medical tourists and time is related with money for those who travel to seek health treatment from different land. He lighted money and cost does not mean the healthcare cost, but it increased to the living cost in foreign country. His subjective feelings create the words of:

“For us, for people who come from another country to seek the medical treatment, time make money. So, the cost is over than usual. It does not mean the cost of treatment but I want to mention on the time of spending and staying on the hospital for a long days”.

In addition to the marketing point, he perceived that although hospital having the strong ties of marketing strategies, when the services does not make sound, it might not be successful in long-term duration. His words were that:

“For my view point, I think that this hospital was too weak on the marketing sections. It seems that they keep value on the word mouth result from the ex-medical tourist or old customer”.

He perceived that this hospital was too weak on marketing points, because many of his friend asking the brand-name of hospital as well as the experienced and health outcomes often. The questions were that:

“We never heard it before?”

Is there everything Ok for treatment?

Is it a sound to seek further health treatment or not?”

During accessing the health services, his friend from Myanmar ask the experience and health outcome from the participants on interviewed by the researcher.

He perceived on the medication make safe and sound and it is really a big gap of healthcare and treatment when comparing to the home country.

“Inn... (Moan), it was suffered when compared with our country.

It was a big gap on medical treatment where usually not enough medical supply and equipment and having a limitation of the healthcare. Here, it is the place to seek the safer and better health solution”.

His feeling was reflected to the life under the advanced medical technology that he thought that taking the advance medical treatment was a solution for his illness.

Finally, he was satisfied for the healthcare services and health result for his illness. He was pleased by medical doctor explain on detail information of the treatment process before the operation and his health outcomes was good. He admitted that it is valuable and he was trapped of the healthcare treatment and health services. The sound of participant were that:

“I’m so glad that they fulfill my wish and take it as their priority, I’m so pleased with their health services and really appreciate it”.

On the other meaning, that was reflected to how the International healthcare forced people to think that advanced medical treatment and quality of care was a solution for life, for human being. He admitted that language is the heart of the medical tourism to medical tourists. According to his experience, he faced the inconvenience of the communication process. He perceived that:

“The language section and communication is working daily.

They all are working.

But, we could not know exactly, which day can check-out”.

It was happened on the time of Myanmar health coordinator flight to the foreign country as well as the medical doctor. His treatment process was assigned to the assistant doctor. Although he received all the duty full of health services, waiting and standby in front of his room, the undigested feeling is about the extra cost during seeking healthcare. Moreover, *“There may have the power relation based on the position and level that they assigned”* was assumed by him. Overall, he perceived that the communication network does not make sound and smooth channel for the medical tourist of us.

Additionally, he highlighted on the financial issue related to the health treatment were that:

“Money was gone! But the treatment process was successful”.

Although money had run out, he took the value of life as a priority on travelling for seeking health solution of his illness that was found on his subjective experience.

One more things that he stressed to the different cultural taste of food and lifestyle that he encountered.

“You know, our taste on having foods was difference.

But I keep follow their instruction and arrangements.

And I just keep silence and patient mind to continue foods as they assigned... ”

Overall, he was pleased on receiving the quality of health treatment and the welcoming from the Myanmar health coordinator assisting on the process of seeking healthcare in foreign country. His words were that:

“Luckily, that my first time of seeking foreign health treatment end with the good outcome as well as meet with Myanmar family members as a health coordinator, here”.

To end up with the word emerge from the narrative experience of the participant related to the life, health and human being:

“Being a human, it depend on the person who belong a good mindset, all the concept will be good in everything...”

“If you want the quality of health treatment and health services, you have to spend more money for it”.

He explained that what he have learnt from the practices of medical tourism. It was found the real subjective, feeling and experience on the whole process of seeking the health treatment of medical tourism. All of the above full with the subjective feelings, meaning of the marketed based of the healthcare, the global capital based of medical tourism.

To support the undigested experience during accessing health services that was the experience by U Hla, who travel to seek the health operation that illness was suspected on relating cancer or not. At first interviewed on the operation day that he perceived that:

“Everything was good.”

“I was pleased on accessing the advanced medical treatment, compared to original country”.

“At first, why I did not contact you, I did not think that it would be serious, but when I feel that “you” Still have one Myanmar nation who can help me, I asked my assistant to make a call.”

He assumed and trusted on the advanced medical technology can cure his illness, in fact, he needs that beyond than curing the disease by advanced medical technology that motivate him to seek the person who can help to his issue.

He said experiencing treatment under medical tourism:

“It does not seem a doctor, but it looks like a robber”.

The word of “a robber” that emerges from his subjective feeling based on his experience and exercised and the meaning was the related on the cost of healthcare that he had to pay for. He was experience on successful operation as well as the health result was cleared from the cancer suspected.

But the undigested experience was the day after check-out from the hospital. He get the high fever and sick, he had to enter the CCU room for 10 days that made him to pay more on cost as well as experienced on the undigested feeling. He explained the meaning of robber that medical doctor thought about money only, they (doctor) thought about how to take money from patient, how and which level to make patient to worry and how threaten to patient. So, it was similar to be “a robber”.

“They are not real doctor. They do not have “Myitta”(Myanmar Language to mean compassion), he stressed according his experience.

The meaning of “*Myitta*” was a good mindset of being a doctor. He assumed that being a medical doctor, should have the 3 degree of mindset that composed with the words “*Say-da-na*”, “*Myitta*”, “*Ko-chin-sar*”, but they (medical doctor) does not. To understand the 3 degree of subjective feeling that comes out with the meaning of doctor did not have “compassion” for the patient. He explained the mindset and practice of medical doctor was “about money”. His feelings were that:

*“They (medical doctor) just think about money only,
How to take money from patients,
How and which level to make patient to worry and
How threaten to patient. So, it is really similar to be “a robber”.*

During sharing the subjective feeling based on what he had faced, he kept talking, thinking, and end with laughing and moaning. He explained the experienced on staying in CCU, he opened the meaning of that days as “a nightmare” that he encountered. His experienced that he was seen many patient die day to day that:

*“I saw, they (nurse) withdraw from the dead body.
I saw a new patient come to CCU, nearly every day”.
“CCU was the place for the rest of patients?”*

His experienced reflected to the subjective feeling of suffering from the life understand the advanced medical technology. The subjective feelings were that:

*“Aung-Ma-Lay” (Moan in Myanmar Language).....
“Unfortunately, I am almost dying at hospital.*

Seeing the dead body of patient who had stayed next to my bed has haunted me every time. You know how much I’d scared?”

He was rejected from the medical teams to move him to another room that made him really suffering from the life under the quality of health treatment. His words were that:

*“I don’t want to feel like this anymore.
It’s like staying in hell! If I die here I can’t do anything”.*

Respected to the Asia cultural and spiritual, he do not want to rest in the strange land and new, he also want to take the last breath and minute of life with all family members. At first, he comes together with the assistance to seek the quality of health treatment. Due to the spending life in CCU for many days that made the other

family member (the young daughter with her husband), flying to Bangkok as an urgent.

He was check-out, after the other family member arrived. He was feelings about the undigested experienced on treatment process that made him to avoid another hospital. Undigested feeling and experience was come on that day regarding on the cost of the extra and back-up medicine for another 3 months as well as the medicine and drug for 3 months. The cost of health treatment was higher than he expected, although he was known the cost of CCU room per day.

The researcher was called by his family member, after check-out from the hospital. He got the high fever and expressed the feelings that:

“Please find a clinic for patient (father) where is near to this place.”

They asked to search the clinic, they sacred to go any other hospital that would made them to suffer again. He and his family member was knowledge that if they seek the next hospital, they might face the health examination as first, then costly again. He expressed on the bed to the researcher that:

“Have the doctor practice on home-visit treatment?

Can you help me to make a call for this?”

He admitted that although he had a good connection with the Myanmar Healthcare teams and health coordinator in hospital, but it does not easy for asking and telling everything that me him to call and request the help from the researcher.

The researcher was assisted them until the day to return, but he requested to send him to the air-port that he was worried to the face the unpleasant experienced on the air-port, specifically in Language barriers. His narrative story end with the subjective feeling that reflected to life under the advanced medical technology, full with the feelings of worrying, suffering, struggling, and hope on the travelling time for seeking care in abroad. End with his feelings that:

“What I had learn from this time, all medical doctor was the same.

Really similar... sometime it may be more serious than doctor in Myanmar”.

He explained that they (doctor) acting with a big impression, big impact to collect money from the patient. Similar, doctor in Myanmar also collect money from the patient with less amount than here.

And one more thing that was occurred on the analyzing the data, one of the female participants was passed away during waiting the medical summary treatment by the well-known international hospital that she used to access the health treatment. The sad news was brought by the patient's relative to the researcher and asked the help to known exactly the cause of. She (patient's relative) would like to know the reason of:

“Why hospital could not provide the medical summary report to my sister?”

“With the crying and sadness, you know how much my sister (patient) hopes for getting the medical summary. She said, to me that “If I get this paper, doctor (local) could accept me to continue treatment, my illness would be recover”, crying during explained.

It was happened before the date of follow-up appointment from hospital in abroad. They had waiting to get the medical summary about one month and had rejected from the local doctor for continue the treatment process. With the reason that giving by doctor was that:

“I (doctor) did not know what kind of medicine that you had received from abroad and I could not continue if hadn't the medical summary and report”.

There is no data that how many Myanmar medical tourists had experienced like her experiences.

This narrative story showed clearly the struggling, contest and resistant of a Myanmar patient who had experienced medical tourism in Thailand. This case reflected the power relation between patients and doctors. Many frustrations occurred during the treatment and services but the patients were not able to voice their concerns. The international health services and health market to Myanmar people was widely accepted, but its social impact and undigested experience was ignored when compared to the health outcomes.

However, it was showed that people are more likely to influence by the information of international healthcare, the medical tourism industry of Thailand through the marketing strategies which produce the discourse of medical tourism. The word of “95 percent” responsibility that made people to belief more on the medication as giving a new life to continue in the future days. Consequently, Myanmar patients

has been perceived and relied on “advance technology” in healthcare sector, “quality of care” practice on the seeking medical treatment in Thai healthcare.

It was cleared that there has some of the undigested experience, unexpected on the condition of receiving international healthcare. The participants were lacked of the knowledge and information to think beyond than the marketing strategies, the discourse of quality of care, the advanced technology and medical expert that may produce the risk and subsequent health and life threatening in the strange land.

Moreover, when medical treatment is sought abroad, the normal continuum of care may be interrupted. The service in medical tourism tend to focus in high technology and priority to care in the life threatening condition, However most of the patients suffered from chronic illness and needed follow up after operation. Quality of care in term of continuity care is found a big gap in medical tourism service in this study.

To conclude with the word of “no choice” reflected to the meaning of suffering from the general loss of accessing health care in home country. The meaning of suffering does not only count in the lacked and poor quality of health care, but more related from the long-term of living in a state of fear “insecure” that made them to give their life to medical expert and advanced medication within the context of the international healthcare industry. Political economy forces shaped their perception and seeking experiences by the power of market strategies under the international medical tourism.

CHAPTER V

CONCLUSION, DISCUSSION AND RECOMMENDATION

5.1 Conclusion

The objective of this study was to reveal discourse of medical tourism and marketing promotion strategies of medical tourism in Thailand among patients from Myanmar including their perception on the medical tourism industry. It also aimed to explore the Myanmar patients' subjectivity and their experiences of suffering on the international healthcare trade which was influenced by the discourse of medical tourism along the marketing promotion process in Thailand.

The findings applied the critical medical anthropology (CMA) perspective for understanding the way in which structural and global force regarding health care discourse, transnational commercial players and industrial health care that are played out at the local level as Myanmar medical tourists' experiences in seeking international health care of Thailand.

Qualitative research is used as the research methodology of this study. In the researcher field, the researcher applied the in-depth interview tools with nineteenth participants including ten patients who came to seek the medical treatment purposively, and they already stayed in Thailand about more than one week for seeking health care eight out of nineteenth were the patient's relatives or family members and the rest one was Myanmar healthcare coordinator who is currently working in hospital who has a connection with the Myanmar Patients network. The narratives and observation tools are used to meet the subjective feelings and expression of medical tourist among all informants of this research. The research field is conducted with the help of the Myanmar health coordinator, to get the informants through the snowball sampling method.

Almost all informants of this study mainly came from Yangon, the city of Myanmar, Mandalay, the middle region of Myanmar and Pha-khant, upper region of Myanmar. Among all informants and key-informants, thirteenth are Burmese, two are

Chinese who are staying in Myanmar and three are Indian from Myanmar. Almost all informants and key-informants are married, except for two who are single and the other one is a widow in this study.

In accordance to the social economic condition, the informants and key-informants have their own business such as recycle bag production, petrol station in home town, high social status as being managing director of marine product company, and the highly educated level of working and retired from marine engineering and others. So, they have the ability to purchase and seek the quality of care for better and safer their live and illness with the help of the health agency in the home country. It can be noted that all participants are the middle class member from Myanmar country, and they have a certain limitation to purchase the health care services internationally. It found that all participant travel solely for the medical treatment.

This study has found that Myanmar medical tourists suffered from unmet healthcare with feeling insecure of the treatment in their home health care together with the demand for a long-life treatment. The informants have revealed that they had motivated to seek the new avenue healthcare solution to meet with their needs. These forced them to travel abroad to seek the advanced technology and good quality of international healthcare. In addition, Myanmar medical tourists have relations with health agency to seek the good quality of healthcare of the medical tourism industry. Health agency has been collaborated with the medical tourism industry to promote the international healthcare services towards the needs of individual and medical tourists.

It can say that health market and medical tourism industry introduce the international healthcare and quality of Thailand health services to the local people from Myanmar country. Keeping in the finding of the study, almost participants have known the health market and medical tourism in Thailand with the mouth-of word from the relatives, friends who had experienced on medical tourism industry. Some three participants have introduced the health market and medical tourism industry by the medical doctors and health agency together with the strong promotional features in local country of Myanmar.

With regard to the health agency, it is located at the city areas specifically Mandalay and Yangon, Myanmar. It is found that health agency had a deeper integration with the medical tourism industry in terms of the trading health in services

in the regional, local and globally. In terms of the market strategies of the medical tourism industry, it is found that Myanmar medical tourist received the information and knowledge about the international healthcare and services mainly from the promotion features such as big vinyl advertisement through the crowded areas and highway road. The feature usually portrays the image of international hospital settings, international certificate (introduced the accreditation means as a quality of healthcare) and medical doctor using advanced technology, health information on brochures, and health magazine in local country, Myanmar.

The marketing strategies and promotion features attract and shape their thinking to seek the international healthcare. So, they seek the local health network and health agency to get information, accompanying process and assisting in the travel process. It is typically found that all eighteen participants travelled by the arrangement and connection of the health agency to access the international healthcare and medical tourism industry in Thailand.

The participant revealing about the discourse of medical tourism, it has been included in medical discourse and health market discourse of medical tourism. The health market discourse of medical tourism industry used to produce the locally derived of medical discourse such as “the international quality of treatments”, “advanced technology”, “hospitality services in healthcare” and “cultural sensitivity”. It can be said that the individual medical tourists were influenced by the interaction and integration of the new (strange) environment, with the social and biotechnology, the power of medicalization in the medical tourism of Thailand.

Moreover, it is found that the individual medical tourist was affected by the performance of the medical doctors, other healthcare workers such as the situation awareness, stresses, weakness, uncovered information, defiant. Clearly, it is found in the revealing process of the participant that the ways medical doctor used to communicate with the patient (participant) that “...95 percent of taking responsibility for the operation...”

This guarantee on the treatment and medical discourse “95 percent responsibility”, “feel safe” capture the idea of medical tourism. The medical tourist’s idea and knowledge on health and seeking the good quality of available health care services had shaped to believe more on the advanced medical and high-tech for their

health and illness solution. Medical tourism industry makes them to believe the expert medical doctor. It is a reproduction of a new knowledge in medical and technology, human-being and health in services related to travelling in the context of medical tourism industry.

All of these meaning to the medical tourism discourse and individual integration with the medical tourism industry that reproduce to perceive the patient safety and quality of available care, to reduce the errors from medication and human based. It is found that medical tourists have embraced from the medical discourse with the discourse of health market that they made them not to emphasize on the preventable or any error in the medical service zone of medical tourism of Thailand.

All of the participant perceived that their lives depend on medical technology and high qualified of medical doctor within the health market and medical tourism industry. They give their lives to medical doctor as they need a treatment for continuing a long life. In fact, they do not know about the unsure available health care, uncovering their life, and what will be happened in the future day of their lives.

The case study of finding, female participant had passed away while she was waiting the information as a medical summary reports from the health provider. These participants were suffered from the unawareness knowledge and information of health services in the context of the medical tourism industry. And one male (presented as a patient's relative) revealed about his uncle that could not continue the available quality of healthcare in Thailand for the long-life. These individual was suffered from the cost of available quality and advanced technology of medical tourism industry and health market. It is a darkness of medical tourism industry integration to the individual, in terms of the unawareness information and knowledge the continuing healthcare in long-life. In other meaning, medical tourism industry is set to promote as a provider and user within the context of health in services.

In other finding part of the study, based on their subjectivity and individual feelings that the cultural needs were revealed as an important part of seeking international health care and medical tourism in Thailand. Although there have been cultural supported in services such as the religious space, cultural foods corner, and accessible translator services in the medical services zone of the medical tourism in Thailand, the participant revealed that the cultural needs were not all met.

Firstly, in order to live the new strange land and new place, the information and communication serve a priority. It is found that the participant access the translator services in the meeting minutes with the medical doctor within medical service zone to avoid the Language barrier. To survive in the new environment and adaptation interval, it made them experienced on stressful life experienced in term of the cultural difference, language and communication difficulty in the reality. Therefore, three participant and family members experienced to hire the private translator and other who could not hire (due to their limited in financial) the private translator (daily) still faced the barrier in terms of Language and communication in Thailand.

In the neutral perspective, medical tourism industry is a globalization, providing the low cost and high quality of available health care and services from the sophisticated to the annual medical check to the medical tourist around the world. This medical tourism industry and health market has highly benefited to the country economic development and proposed to cover and improve the whole population of health status. Tracing the current influencing of the health market and medical tourism create a substantial burden to the population as a whole.

According to the pressure of the economic and investment, people have to pay the high cost of healthcare for their health illness to live-long. The constructed idea of medical discourse and health market discourse made people to change the individual health seeking as an endless seeking the available quality of care within the privatization of health market and medical tourism. Looking through the critical lens, medical tourism industry involves the human beings, feelings, desire, social, cultural, financial, relation the hospitality as a market discourse to the advance technology of medical discourse, it is a striking feature of the study.

5.2 Discussion

5.2.1 World making of medical tourism and the suffering experiences of the medical tourism industry

The medical tourism is a phenomenon portraying international health care services in a global world. Basically, medical tourism industry aims to catch the individual medical tourists who feel disenfranchised by the health care system in their home country. Today it is fueled by a global network of health related services through the discourse of medical tourism, media and health care industry. Powerful industrial players have made incredible ideological and financial investments in medical tourism, which has translated into media flow with optimistic accounts of medical tourism and its benefits and muted criticisms.

Very few questions have been asked about the potential harms of this industry for health systems in destination countries to which patients are traveling. It is important to bring to light the local worlds that are often overshadowed by more powerful forces, as well as the effects that medical tourism has on understandings of health care. In understanding the medical tourism phenomenon, the researcher has linked from macro global level to the individual experiences, subjective feelings, struggling, respond to the experience of the Myanmar medical tourism through the seeking healthcare in International Hospital, Bangkok, Thailand. The research argues that it is not only the individual exercises for seeking care in abroad, but the medical tourism industry has integrated with various stakeholders from the local resident, regional issue, and global to the social, and health structure.

At the beginning, people of Myanmar were suffering from the political force from home country health care structure and that forced them to seek the quality of available care in a foreign country. The most important finding from this study is that a variety and many parties involved in the access health care services in the medical tourism system, including, Thai state policy support , private oriented health care services, the network of health agency, and the marketing promotion strategies. Health agency is responsible for the promotion and marketing strategies.

Turner (2007b) uses the term of “broker” to explain the health agency in home country responsible for the medical tourism industry and process. It was found that participants were assisted by the health agency of local country for travelling and the medical treatment. In accompanying process, health agency sets the health package of health service, travelling, transportation process, and information. The health

package comprise from the airfare to transportation process, hotel bookings, transferring the patient's medical history to the medical doctor in destination.

In the case of this study, health agency serves as an important role in the relationship between the health market of medical tourism industry and the medical tourist from Myanmar. It can be claimed that health agency promotes the false imaginative information via the marketed facilitators to persuade from the pool of medical tourists from Myanmar. The marketing and promotion features usually portray in arraying the medical information, different medical technology and procedure, the facilities images, hotel services and other tourism creatures. Such information makes people driven into the medical tourism industry.

Moreover, the information construct with the idea to ensure quality of available care, quality of latest technology treatment, quality of expert in medical knowledge. This false imaginative information generate from the global healthcare. In other words, it is a popular tool of medical tourism industry, which creates to influence the idea and new knowledge of medical and health within the development world and healthcare structure. This study showed that travel with the reason of medical treatment among Myanmar medical tourist has embraced this information as a reality as a solution for their health needs.

Quality of care is concerned with the procession of international organization and accreditation schemes such as the Joint Commission International (JIC), Accreditation Commission International (ACI), and International Organizations for Standards certification (Whittaker, Manderson, Cartwright, 2010). These accreditations are designed to support the idea to believe in the quality of available care and the international standard of healthcare and the medical tourism facilities. Both private and government hospitals and clinics owned the international accreditation with the protected idea from the questioning of the quality of care, medical services to outcomes.

To further assist in the medical tourism industry, the healthcare system and regulation provide the quality of biomedical treatment to highly accessible, advanced medical technology, high-technology in medical surgery to respond the internal mechanism of the health user, to make them "feel safe" on their medical treatment process and surgery. All of these means that health care structure of medical tourism

industry was restructured to see as a commercialization services related to health, technology and human beings.

Consequently, people were forced to believe in the advanced medical technology and the expert in medical knowledge in term of medicalization of health care transforming era. Morgan (1998), stressed the concept of medicalization typically focus on individual one, but also related to the other active parties, connected to the macro, meso, and micro practice to institutions within the social cultural context (cited in Clarke, Shim, Mamo, Foskt, & Fishman, 2003).

Beyond the biomedical treatment services within the medical tourism industry, the Myanmar medical tourist was trapped under the power of medicalization which has offered by the medical tourism industry. The information usually mentions on the medical services and available technology and procedure are provided by the health agency to make health user (medical tourism) to believe and perceive as a solution for their illness. Synder et. al. (2011) argues that the information is provided in limitation to publish. The information produce to public as a centralize information about the healthcare services and available, accessible of the whole population. The media and information about the medical tourism highlighted on the growing number of medical tourist, medical services and procedure, did not portray on the harmful practice or mal-medical treatment on travelling for medical care in abroad (Synder et al., 2011).

At the consequences, the power of medicalization over influence on the desire and feelings of the medical tourist from Myanmar country and it make them to believe on the limited information. In addition to the future potential medical tourist may believe on such limited information regarding on how great the available healthcare and high quality of medical and health service in travelling to another country medical tourism industry for health reason. It can ascertain that the medical tourism industry is the world making industry to produce the unlimited opportunities for the individual seeking the quality of available care and medical treatment.

However, the current researches focus on the marketing and promotion strategies which are developed by the medical tourism facilities in Thailand. But the meaningful research contribute to the critical view of the creational information and

the dominant power of medicalization shaped to individual and human life in the experience on cross cultural seeking care in medical tourism industry.

Illustrating to the individual level, the power of healthcare settings made people to change the idea and knowledge of health and medical treatment and forced to consume the commercialization of health care in the context of medical tourism industry. Quality of available care was created by the medical tourism industry that made people to believe in the power of medicalization and to live under the advanced medical technology. According to the finding, the Myanmar medical tourist perceived that it was good, but there was concerned more than medication, it was about the matter of life and advanced medical technology.

Ormond (2014) stated that medical tourism involves in the connection between the travel and the pursuit of physical, mental and spiritual well-being. Specifically, the subjective feelings *“I believe, if I can access the advanced medical technology, my illness will be healed”* was reflected to how the medicalization reinforced on the idea and thought of medical tourist that made them to assign their life to the medical doctor within the accessing healthcare context of medical tourism industry. It was closed to the concept of medicalization. The concept of medicalization emphasized on the medication, authority (power), and the practices of human, related to the individual life within the social and cultural context that was borrowed by the Zola, (1972, 1991) as cited in Clarke, Shim, Mamo, Foskt, & Fishman, (2003).

In terms of the concept of health that related to the human life, Myanmar medical tourist took the life as the first priority, they sought more on advanced and high medical treatment within the medical tourism industry and health service. It found that the mix feelings were occurred during on experiencing and accessing the advanced medical technology; feeling as “satisfy” and “worried”. Although there was a little chance to survive, they decide to choose it because, life is the most important thing among the Myanmar medical tourist of the study. The subjective feelings and voices among the Myanmar medical tourist expresses as follows:

“What is more important than life, there is nothing!”

This subjectivity and feeling related to access uninsured and underinsure health care services in medical tourism industry dismissed under the power of medicalization. The study found that on the issue of returning home country, the death

case occurs in the waiting interval of the health record and health treatment summary from the provider of the healthcare services. As an owner of health issue, medical tourism has the right to ask for the medical summary to access the information related to the health and illness setting. The case study serves as a prominent feature concerned about the ethical issue which mainly concentrated to access the quality of care and lacked of the regulation on follow-up health care services among Myanmar medical tourist.

Many professional researchers and anthropology raise the question to the quality of care concerned to the consumption of health products and follow up care process of the international patients the global health trade context. Turner (2012) argued that the media do not provide the basic risk information about the travelling abroad for medical procedure to returning process to home, but media shifted to cover the information of developed medical tourism industry, the delivering special health cost to services, provide the information of highly accessible rate of consumer as a global medical industry phenomenon. Moreover, his findings show that most of the death cases on travelling abroad for medical procedure depended on the quality of care which the patient received.

In this study, suffering concerned about the influence by the medicalization and commercial health services in the medical tourism industry. There is little mention on individual medical tourist suffer from the dominant form of health care structure that made people to engage with the feelings of desire and under expectation to the health outcomes (Sobo, Herlihy, & Bicker, 2010).

Suffering from the health care does not mean that they do not receive the quality of care or dis-satisfaction from the healthcare services. It is beyond to access the healthcare services or highly available healthcare, but more related to the global health market and medical tourism industry makes them to think, to feel, to engage with the practices of medical tourism industry in Thailand. But, it is related more on individual experience and feeling that they had to struggle to respond the life under taking the advanced medical treatment.

“If I die here, what can I do?”

“I could die here, and how to prepare for this?”

It reflects the sensitivity for the life about the healthcare setting in the strange land. However, “*life value*” was a prominent feature among Myanmar medical tourist. In the social and cultural context, everybody had own values, typically was found the Asian nation. In the Asian spiritual and culture practice, especially, in Myanmar nation “*Life is a valuable thing*”. Nobody wants to pass their last minute in the strange land. Everybody asked to go back to home for their last breath. In accordance to this study, one participant left a message that is not to bring his corpse to a homeland, according to the cost of carriage and he could not effort for it. Although he does not want to spend the last minute of his life in a strange land or a new place, he has to decide to do so in order to cut the cost.

Despite the fact of the impact on the local residential and national healthcare systems, another thing is the health and equity to access the medical services. The unbalance health needs was found the context of health services in medical tourism, raised the question to the universal health right to access equal opportunities and question to the global health issues (Connell, 2011; Hadi, 2009; Smith, 2012; Whittaker, Manderson, & Cartwright, 2010). While Hadi (2009) argued that the medical tourism industry, even though create the pride of the country economically, but it provides the impact to the health care system, calling for the issue of medical and health, migration and movement, restricted to access the care among the larger population who cannot access quality of care.

5.2.2 Market-led by medical tourism industry

In the medical tourism industry, a combination of marketing strategies and the role of the health agency assisted the health knowledge of international healthcare services occurs; the strategies of health market discourse on the services of the medical tourism, on the other hand a dominant form of biomedical treatment as a medical discourse of the medical tourism industry.

(1) Marketing and promotional strategies related to individual pattern

In terms of the international healthcare services involved the sophisticated medical technology, hospital infrastructure through the promotion and regulation process of health market, government policy in the medical travel process and social culture relation. Both of the media and advertisement play a vital role in the promotion

of the international health care service of the study. Because the media and advertisement features serve as the first contact in the development of medical tourism industry and link to the idea and expected of the medical tourist. Importantly, the advertisement feature and marketing teams were composed in two; printed and unprinted online website based that commonly portray on the destination of medical tourism, the medical doctor and medical devices, Thailand as globally.

In critically beyond the media and marketing function on the development of medical tourism, Myanmar medical tourist come to Thailand for the main reason of seeking the good quality of care that they cannot access in home country. They are persuaded by the promotion and marketing strategies in term of the medical discourse of the highest quality of care, state-of-the-art technology, high- technology, the well-trained medical doctor in related from the basic medical treatment to the surgery operation of their illness. In fact, they perceived the medical treatment process and relates to the financial expense on the pathway to access international healthcare cheaper than other country of medical tourism industry.

The concept of high quality of care with the competitive cheap price of medical tourism and services are constructed to attract and pursue the medical tourist from the health related of advanced medical technology and treatment process to international mechanism of the desire and needs from the provider perspective. The information about the international healthcare was revealed by the participant who attains the knowledge and information by the health agency. Words like: offering the advanced medical devices, treated by well-trained medical doctor and friendly health services make them to decide for taking good quality of healthcare.

Moreover, they noticed the medical tourism information through vinyl board, magazine, and online website. According to Crooks, Johnston, Kingsbury, Snyder, and Turner (2011a), used a thematic content analysis to identify the context of promotional as well as the message that used to attract the medical tourism to India. Findings based on the medical facilities and related business was used to persuade the future and prospective medical tourism to the destination, to facilitate the healthcare of the India.

(2) Health Agency serves as pivotal services

Health agency was a distinct feature of Myanmar medical tourist. Because most of them depend on the health agency arrangement to access the healthcare services to get the detail information about the International healthcare services as mainly. Health agency is trained by the mode of delivering the information and the pride of medical tourism industry. The health agency serves as a pivotal role in the Thailand medical tourism industry and Myanmar medical tourists, usually mention the value of the quality of care, the advanced medical technology, medical doctor trained in international standard to support the idea of medical tourist as well as to expand the international health market in globally.

According to the health agency that had vested interest in the idea of the patient (Myanmar medical tourist) “needs” and “prefer”. To do so, they (agency) constructed the main and key message to meet with the needs of the Myanmar medical tourism that “accessing the advanced technology”, “expert doctor”, following to the “quality of care”, and the rest to “the recreational activity” in Bangkok.

Perhaps, in this study we found that although they received information and exercised through the network of health agency, most of Myanmar medical tourist based on the positive view of their friends experience and the health knowledge that was given by their friend to decide and become a medical tourist, internationally. Crooks, Johnston, Kingsbury, Snyder and Turner (2011a) discussed that positive experience, trust based on accessing healthcare and treatment with friendly medical doctor with an advanced quality of care was the main features of medical tourism.

In accordance to type of illness, the medical problems was related to the heart related disease, eye problem, cancer related disease and bone, and nerves related disease are sought by the Myanmar medical tourists. In versus to the Oman’s medical problem was related with the orthopedic disease that leading them to seek the treatment in abroad. The practice of travelling for care among Myanmar medical tourists was illuminated on the “Endless” seeking care for illness among people in the global world. Beyond the illness, it was related to the life that they never give up to seek for; although they were suffered the illness from their origin country; they want to search the available quality treatment, international care. Besides, it could be said that seeking health care would not be ended, because the global health market and

medical tourism industry introduce the advanced and latest advanced medical technology as effective and affordable health solution. These action made participants to perceive as a solution for health issue, made them more desire, need, ask for biomedical treatment and advanced medical procedure, giving their life to the medical doctors with fully believed on medicalization.

According to the unpleasant experience of seeking health care in original country, Myanmar medical tourist was driven by the idea of “*needs*”, “*I need to cure*” to seek the medical treatment in abroad. Their motivation feature was to seek the “*quality of care*”, “*the better and safer health treatment*”, for their illness and suffering. So, the motivation key of Myanmar medical tourists stressed that the motivation features for medical tourism include the low cost of health care, high quality of health care, long waiting list for many procedures unable to access the special health treatments in the country origin (Keller & Association, 2012).

Illustrating to the individual setting, the power of healthcare settings made people to change the idea and knowledge and forced to consume the quality of care and that create people to live under the advanced medical technology. According to their experience, the participant perceives that it is good, but they still concerned about the medication, it is the matter of life and advanced medical technology. All of the findings were supported to the critical theories of Critical Medical Anthropology.

(3) Cultural sensitivity of healthcare service

It is a complex and practice in the medical tourism industry to provide the international healthcare services to the medical tourist around the world. As the medical tourist travel from various cultural and social backgrounds, the cultural sensitivity also plays an important part of delivering healthcare to international medical tourist to accept on the quality of available healthcare in medical tourism industry in Thailand. Therefore, the creation of cultural sensitivity of healthcare services was found in the medical tourism industry.

Cultural sensitivity within the international healthcare services, communication and information is important. Because the patient need information in detail related to the health services, illness information as well as the destination, the expectation of the cost of treatment and others. It is also important in the relationship between the doctor and patient interaction. It was also found by Candib and Ferguson,

(2002) stressed on the important part of Language, race, and ethnicity that was a key player on seeking the quality of care in the healthcare settings. Although they could access the translator to solve the gap of language culture diversity, they still need to hire as private translator for living, communication through the seeking healthcare settings internationally.

Nowadays, people were driven by the global concept, as well as people also had their own culture value and right. Typically, it was found on the participant who shared his subjective feeling that:

“I worried a little bit as I do not understand their language and they also do not understand our language”.

This feeling illustrates how much the culture and language is important for them. Moreover, language ability was a challenge for the people when entering into the strange land, or unfamiliar situation that were discussed by Chen and Liu (2013).

It also found that translator in the healthcare services had more power to contact with the medical tourist. And the medical tourist also trusted and accepted the voice of the translator. This dominance power occur in the out-side world of the medical or professional relationship. Clearly, in the expression of seeking healthcare in abroad as follows:

“If we are facing a health related problem, we will find the good quality of health care services in Thailand. If we meet with a good minded translator 30% of our sufferings is recovered and the rest 70%, depending on the hospital, revealed by U Tin Mg”.

Moreover the local provider had to understand the cultural and religious relations to foods in order to provide better health care services (Deloitte, 2008). To avoid the false claims by the health users, healthcare provider creates the religious acceptance line by offering the religious and praying space and room for the health users. This trend has made to highly accept by the health users and as made by the commercial health care within the global healthcare.

According to the discussion with the Myanmar medical tourists, they voiced out that if there is any cultural food canteen within the hospital food-corner that will be convenient to them about the food related cultural sensitivity. Moreover, the nature and cultural food serve as an important part of the medical tourism for

delivering health care to medical tourist that makes them to reduce on their tension, stress, and feelings from the new land in the context of culture diversity and also providing the religious room in different cultures within the hospital services.

In summary, medical tourist is not only the passive form of world making, but they are the active person who involve in the medical tourism industry. It all depend on the dominant information, discourse in any social region. In typical, they all were suffering from the political forces and commercial health care system by paying the high cost of health care, but they were more suffered from the feeling of worrying and hoping to recover from the illness, continue to active life. Moreover, it found out that the subjective feeling on “*cultural diversity*” “*missing home*”, “*unfamiliar place*” were come out from staying in the strange land form many days. To sum up, the practice of seeking the quality of care in abroad also known as the medical tourism, does not only cure the illness, but related to hope, feelings and life of the human being in the social context.

Many research filed and professional have contributed the growth and development of the country economic and the current trend of medical tourism, reproducing the centralize information of medical tourism and healthcare services (Cohen, 2008; Connell, 2013). Lacking to contribute substantial information, the amount of unsure available and uncover the life of human being and medical actions, in terms of the individual who do not perceive reality, but it is constructing by the global health market and medical tourism. Moreover, the healthcare culture was changing to restructuring. Consequently, the structures of healthcare and human resources were shaped by changing of the medical organization and healthcare structure as “provider” the health services and treatment, within the medical tourism industry.

To sum up with the reality health systems no longer mean “medical doctor” and “patient” only, but there has a deeper integration of authority, government, cultural, political, economic, bio-technology, market, medicine and profession, human beings. This also illuminated to the medicalization concept in the biomedical era. Morgan (1998), stressed the concept of medicalization typically focus on individual one, but also related to the other active parties, connected to the macro,

meso, and micro practice to institution within the sociocultural context (cited in Clarke, Shim, Mamo, Foskt, & Fishman, 2003).

5.3 Recommendations

Based on the research's finding the recommendations are listed as follows:

1. Resulting from the research's finding, most of the patients experienced chronic illness and operation treatment and follow-up. Therefore, the continuity care is needed to be established in collaborating healthcare services between the home country and the destination country: to ensure the patients are as well cared for as possible, and to ensure the patients receive appropriate advice in all stages of the treatment and caring process in Thailand medical tourism. The cycle of care through all its possible stages, pre- or post- the period of hospital care should be considered under the health policy.

2. From this study it was found that most of the participants aware the limited sources of information and Myanmar people usually trust and follow what the other people told them to. Therefore, information about the risks of engaging in medical tourism needs to be effectively transmitted to potential medical tourists. The government has to monitor and provide the right information. This can be achieved both by providing materials on the risks of medical tourism and improving the public's overall health literacy.

3. In the context of medical tourism with the power of commercialization of healthcare systems, informed consent can be disrupted by misleading or incomplete information on websites, difficulties in obtaining the information about successful rates and the quality and standard of care in destination facilities. It is recommended to promote health literacy among medical tourists, coupled with inadequate access to accurate information, which will heighten patients' inabilities to make an informed decision about medical tourism and ultimately to accept the risks of going abroad.

4. Based on the findings of this study, a number of business strategies (e.g. health agency) are emerging within medical tourism. These should be better documented and understood, including their strengths and drawbacks, as well as the implications for managing quality, safety and risk. The relations of emerging business

strategies (e.g. partnership, multinational providers) and patterns and trends of accreditation require investigation. Public knowledge and awareness should be informed in order to enable people understanding market strategies and the business model within medical tourists.

5. The research's finding recommend the health policy and state policy maker to construct and reform the legal issues in terms of informed consent, liability and legislating for the clinical malpractice of international health care. It is suggested to establish an institutional body including government, private sector, nongovernmental organizations, and society representatives to collect data and information and then study and analyze the positive and negative consequences of trade liberalization in health services.

6. Further suggested research work on the medical tourism industry are as follows:

It is ascertained that a global phenomenon of medical tourism has not been uncovered fully in research. Many gaps are needed to call the further studies.

(1) Limited to available on unique statistics and information of medical tourist in Thailand.

(2) Limited access to the post-operation and health outcomes, medical malpractice, complicated post-operation, ethical issue on the organ transplants of medical tourism.

(3) The legal issue of the individual security and customer protection lines of accessing healthcare in medical tourism industry.

5.4 Limitations of the study

As medical tourism is driven by the global contexts including the homeland and global and regional marketing contexts this study attempts to catch up these contexts by doing documentary study.

The interaction between medical doctors and patients is also needed to understand the provider side. This study has applied observations in analyzing the interactions but has been unable to interview the providers. The experiences in seeking care is a long term period, this study focus only the treatment in Thailand, it is needed

to follow the result and experiences when they go back home. Moreover, some informants are only unfamiliar with the process of medical treatment abroad, but also apprehensive to voices their minds out about it, so the researcher.

Pertaining to time limitations, the researcher has realized that time for informants 'interviewing is rather insufficient following informant's conveniences. In addition, the informants and relatives tend to concern about their health. Therefore, some research questions regarding the medical tourism are not of their interests. The researcher has to reduce and omit some questions concerning with their health status. However, the researcher attempts to meet them again in different times and occasions to gain information based on the purpose of the study.

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APPENDIX

IN-DEPTH INTERVIEW AND OBSERVATION GUIDELINE AND NARRATIVE INTERVIEW GUIDELINE

1. Background of the informants and key informants: Unknowing socio-economic demographic condition

(Name, address, age, religious, education, marital status, number of children and household members, Where are you and your family living?)

2. Narrative stories

Informants will be interviewed by their narratives individual story.

A: Illness experiences:

- What types of illness?
- How long have you had this illness? How do patient describe the illness? (Observation)
- How you try to prevent from becoming worse? ((E.g. herbal medicines, commercial products, etc.)
- Who have you told about this problem? (husband or other family members)
- What kind of suggestion that they did advice? (Take certain medicine, go to hospital private or public or foreign healthcare services agency etc.)

B: health seeking history:

- Where did you go to get medicine/ treatment-first, second, third, etc..?
- Please explain to me about the health seeking treatment in Myanmar? (based on unique experiences)
- How do you feels on the services that you received in that time?
- How has the illness/symptoms affected your work, life and your family member? And how?
- How did you seek the health treatment?

- What do you feel and think about the cost of health care will affect your family household incomes?

3. In-depth interview guidelines

Information of the study was interviewed by the in-depth interview guidelines. Some question might be come up during the interview process.

3.1. To know the process of decision making, the knowledge of international healthcare services

- What made you decide to seek health treatment in abroad?
- How is the process of accessing medical tourism?
- When did you decide to seek care in other country?
- Who made decision? Why?
- How did you come up with this idea, tell the story?
- How did you get the information, what information you received, from what ways? (Media, friends, self-seeking online, medical brokers in Myanmar, doctoral referral).
- How do you make decision on choosing destination and health services? (Compared to other country)
- How do you know about the health care in Thailand?
- When you think about health care in Thailand?
- What the first images you have in mind and what else,
- What the difference among other countries?
- Do you know about this hospital before? And what kind of health services are providing for International medical patients?
- How many kinds of medical treatment or health services providing for International patients?
- What main things that make medical patients come to this hospital?
- Specifically, how many kind of medical option that providing for Myanmar medical patients?
- Which kind of treatment usually they come for seeking in this hospital?

- How patient can receive treatment in this hospital? (walk-in or joint with medical brokers)
- What is the process for the patient who would like to join with medical brokers?
- What is the process for the patient who comes by themselves?
- Does any kind of insure for Myanmar medical patients?
- Do you expected that patient will be enjoyed this services?
- Does any safety and security for Myanmar medical patient?
- Does any complain by Myanmar medical patients? What kinds?
- What is your expectation on providing health services for Myanmar medical patients?

3.2 To know how the process of seeking healthcare in Thailand (perception, knowledge, to produce the individual feelings, subjectivity)

- What are the main reasons for choosing Thailand health care services?
- Did you choose Thailand health services because of a friend's advice, or a friend's experience with it? Other reasons?
- How do you feel when making decision on this destination?
- Did you arrangement all planning by yourself or joining with medical brokers?
- How did you arrange for apply visa? (Themselves / Embassy- agency / medical broker's arrangement).
- What are the difficult to before coming here?
- What are the experiences on the process of seeking Thailand medicine? (Starting from you arrive Bangkok to hospital destination)
- How many times, why you choose here, not other?
- How long have you spending life experiences in Thailand?
- Tell the daily life? How do you feel?
- During seeking health in Thailand, have you joined any vacation in Thailand?
- What the difficulties you and your family facing and how did you deal with the current situation?
- Where do you stay? Who do you stay with?
- In health care setting, how do they interact with health care providers?

- What are the actual experiences on seeking health care in Thailand?
- Is there any barrier for you?
- How you think about the health services that you have received?
- How about you and health services interaction before having health treatment (first arrival time)?
- How about the doctor treatment on your health illness?
- How about the nurse that caring you through the process of treatment to recover condition?
- How about the communication between you and healthcare providers (Doctors, Nurses, Customer Services and other relations)?
- What kind of barrier that you face during received medical treatment?
- Does anything that make you undigested regarding on seeking health experiences in Thailand?
- How you give the meaning of quality of care?
- Is there any expected outcomes regarding on unexpected for other health illness?
- Are you afraid that this unexpected problem could become more severe?
- Could it become something worse, later on? (E.g. if not treated) what could it become?
- How much you expected to spend the cost for this illness?
- How different in your expected and how did you feel on it?
- Did money affect her health seeking, or cause a delay in health seeking?
- In what ways have you suffered as a result of this?
- What she says about physical and psychological suffering.
- How much of her suffering is physical, and how much is psychological?
- Anything that you would like to share as knowledge on these experiences?
- Tell me what information you received when you received service here?
- Have you received any suggestion or discussion on the follow-up care?
- Have you received any health document (any-soft/hard copy)?
- Will you chose these services again in case? /treating follow-up care at home country?
- What are the next plans for your health illness checking?

- Does anything that you would share to us or other
- Who potentially come to Thailand medical services?
- How different on receiving health services internationally?
- How do the patient resistance on currently situation?
- It does support your satisfactions that you expected?
- Has patient ever been here before with other compliant/problem?
- How long does the patient experience complaints (medical process and both physical illness and mental illness)
- How do they explain to patient that until to clear the process?

3.3. Others....

- How many times has patient been to hospital before this problem?
- Has patient specifically come here to get medical treatment?
- Does the doctor ask any history about how the problem has been treated before medicines prescribed?
- What does the doctor/nurse tell the patient their problem is?
- What was their expectations from the consultation—were expectation met? (depend on the patient permission)
- To know how delivery the Healthcare services to international patients (Waiting time, Doctor competency, Examination, Courtesy/ Behavior, Information given, Treatment-medications, Time spent and others....) .
- Other possible questions come through the in-depth interview to support the objectives of the study.

4. Key Informant interview:

The interview guideline for socio demographic condition are the same as informants and the key informant were the patient's relative or family member who travel to assist them that were invited to support the study. Other key informant is a Myanmar healthcare coordinator to know about the delivery healthcare services to Myanmar medical patient.

- What are the points of view on medical tourism?

- What the process of make you to become patient assistant?
- How about the process of seeking International healthcare?
- How about the process of seeking information regarding on the medical tourism?
- Why Thailand? How about other countries?
- How do you known about this hospital?
- What kind of the difficulty that you faced on the path way of seeking international health care to the recent time?
- What is the point of view of the International hospital? (Explain as much as you know)
- What the point of view on the healthcare services? (based on you knowledge and experience)
- What is the main thing make you travel for seeking health care?
- Do you feel the practice and cultural are different and how?
- Do you think that it is complicate process to seek international health care and how?
- Where did you stay in Bangkok during accessing healthcare and how to arrange?
- How do you feel and think about the health agency in home country?
- How do you about the health treatment process?
- What are the main difficulty in accessing health treatment in international hospital (Language, Financial, New land)?

5. Observation

The observation tools will be applied in each and single step of interview. This tool will allow observing the data will be matched with their answers and their feelings and supportive to the goal of the study.

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