

A Review of Medical Tourism and How is it Applicable to the Island of Fiji

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ABSTRACT

The purpose of this study is to undertake a literature review on the theme of medical tourism. We will use Fiji as a case study. The paper uses a systemic review of secondary data with a comprehensive data extraction methodology to match the subject areas with the specific countries being investigated. This literature review used 61 articles. Most medical tourism cases are driven by a desire for more economical healthcare services than those in most medical tourists' home nations. In order to drive essential improvements, the quality of services encourages investment in technology and facilities in medical tourism-active countries. With increased medical tourism investment and patient numbers, Asian Pacific countries have gained substantial foreign revenue. There are also many questions and uncertainties, despite the many positive aspects of medical tourism, such as the lack of a database to store patient records anywhere in the world or on the ground, growing medical tourism difficulties for local health services, and social and political factors such as corruption, political wars, and government uncertainty, all of which can have a significant impact on a country's medical care. Fiji has begun efforts to develop its medical tourism sector, setting up Oceania Hospital, and investing in Ba and Lautoka hospitals, operated and equipped by the Health Care Fiji brand. However, Fiji requires extensive government support, skilled and qualified personnel, valuable partnerships in its local sector, and infrastructural upgrades to incorporate medical tourism fully.

Keywords: medical tourism, quality, affordability, technology, medical tourism, Asia Pacific, Oceania pacific, domestic medical tourism, international medical tourism, medical tourist.

INTRODUCTION

Medical tourism has long existed in society with an abundance of medical practices that provide an excess of varying approaches to medicine. Medical tourism definitively implies the process of traveling to foreign countries in the pursuit of medical care (Beladi et al., 2019). Medical tourism has become more pronounced in the twenty-first century with specialised and affordable treatment in some parts of the world. Sandberg (2017) notes that the need for affordable and specialised medical care has further accelerated medical tourism in present times, which in most cases may not be found in an individual's parent country. With the

increased emphasis on medical care becoming a persistent subject in today's society, medical tourism has grown exponentially. Many people are showing more interest in taking care of their health (Ormond & Sulianti, 2017). These conditions are steadily growing the prospects of medicine and increasing medical tourism at the international level.

Some time ago, medical tourism referred to patients' travel mostly from less-developed to developed countries for medical care unavailable in their home countries (Beladi et al., 2019). Medical tourism was mostly done for the pursuit of better healthcare known to exist in developed countries. Some travel from developed countries to less-developed countries to seek medical care since similar services are unavailable due to bureaucracy in developed nations, costly treatment in developed countries, or both (Ile & Tigu, 2017). Accordingly, Guiry and Vequist (2015) view that it is appropriate to define the current medical tourism as only travelling to other countries to obtain treatment. Medical tourism accounts for those who travel from less-developed countries to developed countries and vice versa. These factors include low-cost medical care in less developed nations than those offered in their countries and are further encouraged by the improved healthcare levels in the less-developed nations (Hanefeld et al., 2015).

TYPES OF MEDICAL TOURISM

There exist two types of medical tourism, which are domestic and international medical tourism. Domestic medical tourism involves the movement of patients from one region, city, or state to another for the cardinal purpose of seeking medical care (Hudson & Li, 2012). Often, domestic medical tourism is characterised by in-country movements to receive services available within the country. Additionally, domestic tourism is prompted by better-quality healthcare in other regions, affordability, and better access to healthcare in locations other than the patients. In contrast, international medical tourism is the movement from one country to another to seek medical care (Crooks et al., 2011). Reasonably, more significance is provided to international medical tourism due to the nature of its movement, from one country's borders to another searching for medical care. Crooks et al. (2011) identified that international medical tourism is provoked by pursuing more exceptional care, cost-friendly, quality, and better accessible healthcare services not available in the patient's homeland.

Besides, international medical tourism can be broken down into two aspects; inbound and outbound international medical tourism. Inbound international medical tourists travel from their origin country entering the country they seek to receive medical care. For instance, a patient who travels from the United States (US) to seek medical treatment in Malaysia is considered an inbound medical tourist by the Malaysian side. Alternatively, an outbound international medical tourist is a patient who travels from their country of origin to another country searching for healthcare services. The patient travelling from the US to Malaysia is considered an outbound international medical tourist on the US side. The implication is that leaving one's country to seek medical care in another makes the individual an outbound medical tourist in their country and an inbound tourist in their destination country.

Fiji is gradually becoming a sought-after destination for medical tourism, with many patients showing interest in the services provided by Fiji's Oceania Hospital, which is regarded as one of the most prominent private hospitals in the South Pacific ('Fiji to attract medical tourists from the Pacific Islands,' 2017). Oceania Hospital, the most important private hospital in the

South Pacific, maintains a permanent presence in Fiji. Doctors from other countries, including New Zealand and Australia, have frequently recommended patients to Oceania Hospital in Fiji because they provide outstanding quality services of acceptable standards at an inexpensive price. Another step toward medical tourism is Fiji's continuous investment in healthcare facilities, with the inauguration of new Ba and Lautoka hospitals effectively operated, equipped, and financed under the Health Care Fiji brand. Fiji has also made significant investments in modernising its healthcare system through strategic alliances with Aspen Medical Agency.

Fiji's pursuit of medical tourism is a viable objective with several potential consequences for the country's systems. Some Asian Pacific countries, like Fiji, are classified as less-developed, and the Fijian government's views on medical tourism will most likely be influenced by their experiences. Fiji is classified as a developing country due to a lack of properly created infrastructure and a low GDP compared to other industrialised countries (Singh-Peterson & Iranacolaivalu, 2018). The idea of medical tourism will necessitate a significant overhaul of the country's healthcare systems in order to attract patients and compete with other countries that provide the medical tourism package. Furthermore, Fiji benefits from and boasts a strong tourism sector due to the country's unique climate and gorgeous scenery (Singh-Peterson & Iranacolaivalu, 2018). As a result, the tourist industry might provide a platform for exposing the country's medical tourism front to the rest of the globe.

OBJECTIVES

The study aims to discuss the literature about medical tourism and identify what aspects are needed to develop Fiji's medical tourism process. The paper will explore the meaning and definition of medical tourism, identifying the types of medical tourism that exist at an international level, and identifying the types of medical tourism at a Pacific region level.

Research Questions

- i. To discuss the literature about medical tourism in the Asia- Pacific and Oceania region.
- ii. How is medical tourism applicable to Fiji, and what needs to be done?

METHODOLOGY

A systematic review of secondary data sources provided the study's foundation, with a comprehensive data extraction approach utilised to match the aspects of the subject area with the specific countries under investigation. The primary use of secondary data sources was vital since plenty of research exists that captures the Asian Pacific region's investment in medical tourism. There is minimal research material available for the case of the Oceanic Pacific regions due to the prominence of the Asian Pacific regions.

The paper employs comparative analysis methods, correctly utilising cross-national studies type of comparative analysis. According to Mongeon and Paul-Hus (2016), comparative analyses involve comparing and contrasting ideas or subjects to show their similarities and differences. The cross-national study is a comparative analysis that compares and contrasts ideas and information relating to two or more countries (Fletcher & Nielsen, 2017). The use of cross-national studies allows for the generation of a conceptual framework useful for policymakers in understanding the various implications of medical tourism on other nations. The methods used in the research bases its focus on conceptualisation and describing the information obtained throughout the dissertation.

Using informal literature scans through website databases such as google scholar provided the base for acquiring the secondary information for the research, specifically interested in academic journals and articles on 'medical tourism and the Asian-Pacific region'. However, there was a significant lack of particular areas of interest, and the search was widened to other academic literature from other databases such as PubMed and Social Science Research Network. Abstracts of the acquired secondary material were scanned for references to Asian Pacific countries involved with medical tourism to identify useful material to use for the dissertation. Additional articles were traced using the reference list sections of the selected journals from academic online databases. Since the research was not systematic, no articles were omitted, and all articles were considered based on the context of medical tourism.

Using secondary sources such as websites and internet articles were useful in gaining information on medical tourism, especially for the countries on the Oceania-Pacific front. Useful data obtained from secondary resources originated from; World Health Organization (WHO) website, academic journals, reports, articles, and websites with information specific to a country's perspectives on medical tourism.

Eligibility Criteria

Inclusion Criteria

The study analysed published literature from Asia-Pacific and Ocean Pacific from 2008 to 2020, only selecting material essential to the subject of medical tourism. Priority is given to the Asian Pacific region due to their medical tourism industry's advancements and extensive research on the region based on medical tourism. The most common countries involved in medical tourism include; India, Thailand, Singapore, South Korea, and Malaysia, all of which fall under less-developed nations due to their low gross domestic product (GDP). These mentioned countries have actively embraced medical tourism to provide their countries with much-needed revenue from foreign sources. The Oceania Pacific region encompassing New Zealand and Australia were also explored, using intentional and purposeful literature from journals, websites, magazines, and other relevant document sources.

Exclusion Criteria

Research before 2008 was not considered in the literature review for this paper Literature that lacked information specific to the Asian Pacific and Oceania Pacific countries despite encompassing medical tourism was not considered the research required comparative analysis. Lastly, any other secondary research material with no bearing to the subject under examination was excluded from the research.

Search

The search performed regarding the subject area was contextual to the issue of medical tourism under investigation. Google and various databases proved useful in the search front, based on the collation of general information, background contexts, and data relevant to the investigated phenomenon. Relevant information concerning the medical tourism phenomenon and its types is useful in constructing a background on the subject. Ultimately, a more advanced and detailed search was performed to collect material for the research. The search databases included; Google Scholar, PubMed, Medline, Wiley Online, and other academic literature databases. Most of the literature is sourced from journals, websites, news, media, theses and dissertations, archives, and manuscripts.

Select and Collate Studies

The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) collected and selected literature for the study. The PRISMA tool utilises a 27-item checklist and systematic order to ensure transparent reporting, eligibility and exclusion, and inclusion of data (Tricco et al., 2018). The PRISMA checklist concentrates on various ways for the authors to guarantee transparent reporting of systematic reviews and meta-analyses. Sixty-one articles were used for the systematic review, organised in a data extraction table format and skimmed using comparative analysis methods.

RESULTS

The travel from one nation to another to seek medical care has become dependent on numerous factors, including quality, cost, technology and other influences. Nonetheless, improving health care in less developed countries has made them attractive to medical tourism. Medical tourism attempts to provide high-quality medical services at a reasonable cost and pursue medical activities that require less tradition and bureaucracy. As a marketing technique for patients, the idea of medical tourism focused primarily on the major factors of cost and availability and the quality of health treatment. Furthermore, the shift in medical tourism from developed to developing countries results from these countries viewing medical tourism as capable of matching the services and facilities of developed countries. Because of their ability to deliver high-quality services, less-developed countries can now attract medical tourists.

As Sandberg (2017) states, the advent of medical tourism has positively affected healthcare provision globally, enabling frequent movements from region to region in search of healthcare services. The main functions of medical tourism are the provision of medical services to patients who need them, the provision of well-being to patients, and accessible and quality healthcare services to patients who need them (Hadi, 2009). Medical tourism's new evolution seeks to reduce the health inequity available in developed and emerging countries by making medical services accessible. The evolution of healthcare through medical tourism has been a critical aspect of the growth of many countries' health systems and facilities through their demands and benefits. The factors to consider and identified to have significance in medical tourism consist of.

Cost and Affordability

According to Hadi (2019), medical tourism is booming in underdeveloped nations, actively providing high-quality healthcare services to overseas patients at a low cost. According to Finch (2014), Thailand's prosperity is due to medical tourism, as most medical tourists visiting South East Asia pick Thailand as a medical destination. On the other hand, Malaysia thrives in medical tourism, as Sarwar (2013) described, due to the economic worth of its healthcare services. Countries such as Malaysia have taken moves to privatise their healthcare, resulting in a thorough revamp of its healthcare landscape and broadening the scope of its medical tourism (Ormond, Mun & Khoon, 2014). Most developing nations see the need for cost-effectiveness and affordability of their services as key attractive aspects of their medical tourism industries, allowing them to expand their global reach and attract more medical tourists. Medical tourism sustainability is thought to be achieved through proactive cost-effectiveness in service and infrastructure available in the country to support inexpensive healthcare services.

The cost and affordability of medical tourism are the primary motivators for international and domestic medical tourists and other patients from neighbouring countries to seek these services. The cost and affordability of medical services in the Pacific countries, New Zealand and Australia, have also been a major selling point for its medical tourism, particularly in attracting European and American medical tourists who have grown aware of the high expenses in their motherland ("Medical Tourism Booms in Australia", 2013). In Fiji's instance, the pricing and affordability factors are crucial to investigate and give careful thought to since they are critical in guaranteeing the success of the medical tourism endeavour by being the best at attracting medical tourists. More medical tourists are motivated by the opportunity to obtain cost-effective services that would otherwise burden them in their home nations and provide them with value for their money (Sandberg, 2017). Much investment is required to acquire such status for Fiji; however, the predicted results of evaluating other Pacific countries that participate in medical tourism have resulted in viable and desirable outcomes.

Quality of Service

According to Hanefeld et al. (2015), most international medical tourism quests for low-cost medical care services and therapies that may not exist or be available in the patient's native country. Surgery, organ transplants, traditional therapy, and various other medical treatments are frequently unavailable in the region. International standards of care and the bureaucracy involved have also varied to differing degrees, resulting in various alternative therapies received in different parts of the world. Even though some countries are restricted in certain medical disciplines, some countries have chosen to seek new medical limits and lawfully offer their services per their health legislation (Noree, Hanefeld & Smith, 2016). Most Asian Pacific countries are in high demand from individuals with complex ailments who require experimental treatment to treat their illnesses (TAN, 2016). Hadi (2009) also emphasised the importance of quality as a key aspect in Asian Pacific countries' demand for medical tourism.

The supply of low-cost medical care services and therapies by Asian countries engaging in medical tourism has not prevented them from making the required expenditures to ensure they provide superior quality services, distinguishing them from other competitors in the medical tourism sector (Hadi, 2009). According to Hudson and Li (2012) and C (2020), the popularity of medical tourism is the most important feature of service delivery. It also indicates that the quality of service provided by international organisations motivates both domestic and overseas medical tourism. These institutions must meet and match the service levels of international institutions to persuade medical tourists to consider them viable destinations and provide them with a competitive advantage in the sector. New Zealand and Australia share the same sense of quality as their South-East Asian competitors, spurring significant investments in innovation, efficiency, patient-doctor interactions, and overall service quality (Finch, 2014). Fiji's proximity to friendly neighbours may have been an important role in boosting intra-regional health tourism, and adding the necessary complement of quality service delivery will almost likely ensure its viability to conduct medical tourism successfully.

Technology

Dang et al. (2020) point to the healthcare infrastructural developments that have been pivotal in realising sustainable development of medical tourism, making Malaysia among the world leaders in that particular segment. Technology, which had become a deterrent to the advancement of modern medical services, has increasingly become more available to the

developing world, making even less developed countries more successful in improving their healthcare systems. Singapore has embraced English language learning, which many have spoken, making it attractive to host European and American medical travellers, coupled with its high tech and intensive healthcare investment (Chen & Flood, 2013; Peacock, 2020). Additionally, Barbados uniquely involves developing distinctive resources that utilise herbal remedies, which provide alternative treatment; some medical travellers may seek (Chambers & McIntosh, 2008). Brown et al. (2020) identify India's medical tourism gaps lacking an official database to provide its medical tourists' statistics. While in countries such as Barbados, social media platforms are actively being utilised to assist in client communication with their healthcare providers (John, Larke & Kilgour, 2018).

Various improvements in technology, infrastructure, and medical tourism, according to Dang et al. (2020), have been linked to generating sustainable medical tourism and urged the development trajectory to point positively. Furthermore, using databases to aid in the safe storage and referencing of patient records is a critical feature that South-East Asian countries are constantly exploring in the medical tourism realm. Most Australian and New Zealand medical tourism sectors are huge supporters of technology because of the feasibility and valid outcomes it provides for their medical tourism front and how it helps enhance the quality of services and the efficiency of their healthcare institutions. Margo (2019) discusses the rise of telemedicine and telediagnosis to bring more healthcare professionals to medical tourism borders and provide countries with the ability to do remote diagnosis and treatment of international patients. To effectively compete with the South East Asian Front and nations such as New Zealand and Australia, technology, facilities, and service standards must be at the forefront of today's medical tourism sector.

Profitability

Countries such as India, Thailand, Singapore, Malaysia, and Korea are classified as less developed countries due to their low GDP, but they are the most active in medical tourism. According to Cohen (2008), Thailand has made significant investments in offering more specialised medical care facilities to attract overseas patients. The primary goal of such investment is to establish a profitable business in the country's healthcare sector, which is rapidly improving, and so help its people (Gola, 2015). On the other side, Barbados has begun measures to improve the development of local healthcare staff, revenue available for infrastructural expansions, and waste management system installations to encourage medical tourism (Johnston & Crooks, 2013). For example, Thailand has succeeded in establishing a lucrative medical tourism sector due to its emphasis on cost, affordability, and investments in technology and infrastructure, resulting in GDP development (NaRanong, & NaRanong, 2011). While the primary need for healthcare remains to alleviate the patient's condition in order to help them achieve desirable health outcomes, improve their overall well-being, and improve their quality of life, medical institutions are profit-seeking entities in order to allow a return on investment for the various stakeholders for a variety of reasons. Barbados, for example, has launched initiatives to improve local healthcare worker recruitment, revenue available for infrastructure development and waste management systems, and increase medical tourism (Johnston & Crooks, 2013). Barbados has achieved fair access to healthcare for its inhabitants and medical tourists by building regulatory institutions (Adams et al., 2015; Labonté et al., 2017). For Fiji to succeed, the primary aspect of medical tourism is providing customer-focused healthcare services, which is critical to the company's growth and contributes to its

profitability, and the primary features of medical tourism should be prioritised because they are critical to the venture's growth and profitability.

Other Factors

Other factors, such as a favourable environment in some less-developed nations, have bolstered individual patient impressions, and conscientious healthcare service providers have further enabled medical tourism (Sultana et al., 2014). Others, such as Singapore, have anchored their study on medical tourism by examining policy-making approaches, which has effectively boosted Singapore's research-driven governance and policy-making (Virani, Wellstead, & Howlett, 2020). Furthermore, increased professional training and a fulfilling environment have enhanced the relevance of medical tourism in less developed nations, while effective regulations that promote cost reductions have assisted in providing higher levels of health care (Sultana et al., 2014). Countries such as South Korea have modern medical tourism information systems that aid in healthcare administration while customising medical care for overseas tourists to integrate oriental and western services (Byung Ro & Sam-Hun, 2018; Kyoung-Lee & Byung-Ro, 2019). Singapore has traditionally been a niche participant in the sector, with the majority of its offerings being exclusive to only a few competing countries.

Thailand, Australia, and New Zealand are identified as developing countries with high healthcare expenses and falling conditions, which has gradually prompted the countries to seek various measures to address the flaws of their healthcare sectors. They have been forced to rely on innovation, efficiency, service quality, and patient-doctor relationships (Pilkington. 2017). These countries may also be good for medical tourism, as they provide magnificent scenery and calming vistas as a way for patients to recover. The most vital services are also addressed in other medical treatments in the region, such as surgery, organ transplants, and traditional treatments. The many types of therapy offered by international medical tourism have also played an important part in medical tourism. Both Australia and New Zealand are English-speaking countries on the Pacific coasts, which gives them an advantage, particularly with American and European medical tourists (Medhekar, Wong & Hall, 2014). Fiji is a potential option because it has chosen English as its official language, and many Fijians are fluent in English.

ISSUES AND CONCERNS

There are various challenges that these countries equally face that impact the growth of their medical tourism sector, which is regularly hindering their capacity to attain their full potential (Teh, 2011). Thailand Medical News identified corruption, political instability, nepotism, and a lack of government support as critical distractors of the growth of medical tourism in Thailand ("Problems Facing Thailand's Medical Tourism Industry in 2019 - Thailand Medical News", 2019). Pocock and Phua (2011) also identify medical tourism's impact in exaggerating the inequitable distribution of resources between private and public healthcare providers in Thailand, Singapore, and Malaysia. Most investment is going to crucial areas in the private sector involved with medical tourism while ignoring the public sector, which accounts for these countries' bulk of healthcare provision services for its citizens. Rising medical costs are also being realised and impacting the overall healthcare provision in the Asian countries due to their increased focus on medical tourism ("Problems Facing Thailand's Medical Tourism Industry in 2019 - Thailand Medical News", 2019).

Concerns of public resources transfer to private health institutions have also raised concerns in the region, affecting healthcare services for the locals (Labonté et al., 2017; Crooks et al., 2015). Other concerns shared in Barbados' context identifiable throughout the medical tourism landscape includes the lack of established jurisdiction to hold liability whenever a patient suffers from malpractice in foreign-based healthcare institutions (Crooks et al., 2015). These issues are also shared by South Korea, where there exist barriers in communication (English is hardly spoken in the country), and lack of integration in its culturally competent and sensitive guidelines to encourage the removal of cultural communication barriers (Rokni, Avci & Park, 2017; Rokni, Park & Avci, 2019; Kim, Lee & Park, 2020). Other systemic barriers observed in South Korea include the lack of promotion of its services, unclear market and customer targets, no patient database or central administrative information system, lack of medical specialist, high prices in clinics, the cold winter Korean climate, the threat of North Korea, and a limited collaborative effort with western medicine (Kim, Lee & Jung, 2013; Eom, Yu & Han, 2019).

Medical Tourism in Australia and New Zealand

It is estimated that between 2010 and 2012, 800 medical tourists visited Australia, which is just about 0.23 percent of the 5 million tourists in Australia ("Medical tourism in Australia | Deloitte Australia | Deloitte Access Economics, Health care," 2011). The statistics show a slow growth of medical tourism in Australia, considered a sector at Australia's early growing prominence stages. As indicated by Move Migration, Australia's growing medical tourism status has seen the sector double its medical tourist figures from 2006-2013 ("Medical Tourism Booms in Australia," 2013). In Australia, the Deloitte report recommends developing a strategic approach within the supply chain through proper coordination and networking with all essential stakeholders ("Medical tourism in Australia | Deloitte Australia | Deloitte Access Economics, Health care," 2011).

Cost and Affordability

Both Australia and New Zealand have also ventured into medical tourism and emerged among the global business players. It presents a lucrative market for the respective countries to generate revenue. As with all the information gathered concerning medical tourism, the common theme is that these countries offer affordable pricing on medical care as an incentive to attract more medical tourists to their borders ("Medical Tourism Booms in Australia", 2013). Rogers (2008) points out that New Zealand and Australia are becoming favourable destinations for medical tourism due to the availability of affordable medical procedures that are well priced compared to America's. While affordability of services is not only the prominent factor encouraging medical tourism attractiveness in these Oceania countries, the presence and support for quality in their healthcare sector and its institutions are also among their pivotal aspects.

Positive Aspects

What distinguishes Australia and New Zealand for most medical care seekers is that they are English-speaking countries, making communication easier for most medical tourists (Rogers, 2008). Most people's availability of a universally spoken language makes these countries a potential destination for medical tourists who may struggle to communicate in other foreign languages, such as those spoken in Asian Pacific countries. Compared to Thailand, Australia and New Zealand identify with high healthcare prices and deteriorating conditions in their

healthcare sectors, as do developed countries. They have been compelled to prioritise variables, including innovation, efficiency, service quality, and patient-doctor relationships (Finch, 2014). Margo (2019) highlights the rise of telemedicine and tele-diagnostic for remote diagnosis and treatment of international patients as a means of attracting more medical tourists within its boundaries. Organisations such as Medical Care Australia and Epworth are also developing strategies to attract the wealthy in medical tourism ("Could international patient numbers to Australia grow? | IMTJ," 2019). New Zealand has implemented reciprocal health agreements that allow medical visitors from the United Kingdom (UK) and Australia to receive treatments temporarily for up to two years that are equivalent to national standards, with the expectation that those countries will extend similar accommodations ("Reciprocal health agreements", 2019).

DISCUSSION

The paper provides an in-depth exploration of the medical tourism phenomenon, which provides Fiji with the requisite information necessary to improve and enhance their medical tourism sector should they choose to invest in the venture.

Medical tourism is becoming more common in disadvantaged countries that actively provide high-quality healthcare treatments at reasonable prices to overseas patients. The most prevalent countries engaging in medical tourism are India, Thailand, Singapore, South Korea, and Malaysia, vulnerable due to low GDP. The various interpretations of medical tourism pertain to the fact that international medical visits are typically utilised to find only health care outside of national borders. Previously, most developing countries lacked the equipment needed for advanced therapy in the twenty-first century, such as cardiac surgery, cancer care, dental surgery, organ transplantation, and much more. Thus, patients from less developed countries began to establish national clinics with the resources and technology to treat complex diseases that were not available in their own country.

According to Crooks et al. (2011), international health tourism not available in the patient location motivates the search for better treatment, more cost-effective, high-quality, and more accessible health services. Furthermore, as the cost-effectiveness of their services has improved, as has the fast and optimistic growth of their health and technological services, medical tourism has become popular in developing economies. This increases the frequency of medical tourism to the borders of less developed nations and provides other less developed countries with a viable path to follow. Ormond and Sulianti (2017) research theoretically favour 'large infrastructural and promotional investment' and greater reliance on intra-regional medical travel to the best-known medical tourism destination (p. 94). The proximity of Fiji to other countries may impact the expansion of intra-regional medical tourism among its peacemakers.

According to Hudson and Li (2012), the expansion of medical tourism is a critical component of service delivery since it meets the needs of medical tourists' entire well-being while also improving their quality of life. However, the medical industry has many issues that must be addressed as the world strives for an equal global healthcare system. The study's focus is not exclusively on Fiji but on theorising based on observations from established leaders in the medical tourism phenomena via the lens of Asian Pacific countries that have undergone severe levels of transition to accomplish medical tourism within their borders. For Fiji to achieve some

of the achievements of the Asian Pacific countries, duplicating and rewriting the tactics used by these countries is no guarantee of success in the medical tourism sector, and hence the research can only speculate. There is inadequate data on Fiji's efforts to ensure a viable healthcare system, making it impossible to acquire a clear picture of its viability in terms of medical tourism investment.

Due to a lack of exploratory research on Fiji's healthcare system, the possibility of a poor healthcare structure is not examined in the research. Due to the scarcity of up-to-date data resources, compiling the study on medical tourism was difficult. The study looked at previous studies to present a perspective based on future beliefs to highlight the significance and possibilities of Fiji adoption. However, significant modifications and breakthroughs are likely to have occurred throughout time due to the fast-paced transitions of many countries' healthcare sectors.

The research provided an introspective outlook of the medical tourism sector, considering the positive aspects of its realisation in influencing suitable outcomes to the healthcare industry while suggesting the underlying issues and concerns that provide the subject with a somewhat hesitant approach concerning investment in healthcare in that direction.

As it currently stands, health costs in Fiji are quite expensive for low-income earners, coupled with the little investment in health and infrastructure, creating challenges in achieving an equitable healthcare service. The strategic implementation of medical tourism positions Fiji in the right direction to achieving an improved healthcare system while targeting equitable healthcare for the country based on the findings from the study's Asian Pacific exploration.

Further research, including qualitative studies on the Pacific region, will be assisted by the research and provide an accurate analysis of the region's trends, emerging as a destination for medical tourism. There are vital areas observed in the research about medical tourism that can be addressed by the Asian Pacific countries, which could also be examined via a contextual threshold for Fiji, as it debates whether to engage in medical tourism fully. An increasing number of changes are being instituted in the medical sector globally, and developing policies that suit Fiji best for their particular context and environment is viable to examine as it defines the success and failure in exploring the medical tourism venture.

RECOMMENDATIONS

To grow Fiji's medical tourism, these are some of the key recommendations that need to be considered;

- i. Fiji's focus on medical tourism presents a focused outlook on the country's viability in effectively realising the goal of establishing itself in the world's medical niche. Focusing on quality and affordability will significantly affect the success of Fiji's venture should the country decide to invest in the medical care niche.
- ii. Other factors that come into immediate consideration are the number of services to match those of the Asian Pacific nations to effectively compete, encourage language diversification, and improve access to technology and infrastructure in Fiji.
- iii. Fiji should extensively invest in providing affordable healthcare that will also serve the country's locals and drastically improve the country's overall healthcare sector.

- iv. Fiji should also find ways to exploit technology to improve its systems and advance its access to information technology to assist the country in competing with established medical tourism destinations of the Asian Pacific nations.
- v. Aggressive promotion and marketing are also worthwhile through its thriving tourism sector to push the message of medical tourism capacities associated with Fiji. Such strategies encourage funding and provide strategic partnerships with influential brands in the healthcare and medical tourism niche.
- vi. Besides, Fiji should establish a medical database to set it apart from other medical tourism providers since it provides numerous advantages to most patients regarding access and obtaining treatment records. Setting up a database will promote Fiji's position in the niche market of international medical tourism and attract more patients to their borders.
- vii. Fiji should consider the pursuit of medical tourism due to the vastness of opportunities it presents and the possibilities for improving the country's systems that it offers. Many countries have improved their health systems and improved their facilities, which is beneficial in generating revenue from medical tourism and providing quality healthcare to domestic patients.
- viii. Fiji will also likely benefit if medical tourism pursuit materialises since its healthcare systems and infrastructure require a massive upgrade. Improving these facilities and other systems linked to medical tourism provides Fiji with the capacity to improve its tourism and healthcare sectors while providing beneficial and quality healthcare services to its locals.

CONCLUSION

In today's culture, the concept of medical tourism has evolved dramatically. Some people travel to poor developing countries for medical care because equivalent facilities in wealthier countries are either unavailable or prohibitively expensive. Fiji's potential is insufficient on its own; they need the required tools to realise the development and installation of facilities and infrastructure in order to enter the medical tourism niche. With adequate facilities and service quality is vital in today's medical tourism niche, these characteristics must be at the forefront of realisation to effectively compete with the Asian Pacific front and nations such as New Zealand and Australia. As a result, Fiji's government must be actively involved in assuring the renovation of its infrastructure, crucial healthcare equipment, and streamlining its systems to maximise the country's potential for medical tourism. Apart from exhibiting the potential for medical tourism, Fiji's approach to cooperating with diverse healthcare providers both locally and across borders provides an extra reason to pursue the enterprise.

The attraction of Fiji as a tourist destination lends weight to the development of medical tourism, which is critical in fostering strategic collaborations to assure the venture's success. Furthermore, Fiji's GDP is significantly lower than that of other developing countries that have invested in medical tourism from Pacific and South-East Asian countries, which may be a challenge in terms of gaining resources, but is a welcome sight in terms of the region's capacity to provide affordable, less expensive medical services. To ensure Fiji's success in medical tourism, the first factor to consider is offering customer-focused healthcare services, which is critical to the industry's growth and contributes to the profitability of its institutions. Fiji is also a feasible option, as the country has chosen English as one of its official languages, and many Fijians are fluent in English. These and other methods will enable the establishment of robust

medical tourism structures to achieve equitable access to healthcare for citizens and medical tourists and increase the profitability of its institutions and overall GDP.

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PRISMA FLOW DIAGRAM

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	

Figure 1: The prisma checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	
Limitations	20	Discuss the limitations of the scoping review process.	
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	

PRISMA extension for scoping reviews: checklist and explanation.

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