

## Medical Tourism in Ukraine And Abroad: Comparative Analysis

Iryna SENYUTA

Danylo Halytskyi Lviv National Medical University, Lviv, Ukraine  
[prlawlab@ukr.net](mailto:prlawlab@ukr.net)

Oksana HARASYMIV

Danylo Halytskyi Lviv National Medical University, Lviv, Ukraine  
[oharasymiv@ukr.net](mailto:oharasymiv@ukr.net)

Sibilla BULETSA

Uzhgorod National University, Uzhgorod, Ukraine  
[sibilla.buletsa@uzhnu.edu.ua](mailto:sibilla.buletsa@uzhnu.edu.ua)

Svitlana FURSA

Kiev National University Taras Shevchenko, Kiev, Ukraine  
[fursa\\_2003@ukr.net](mailto:fursa_2003@ukr.net)

Yevhen FURSA

Consulate General of Ukraine, Dusseldorf, Federal Republic Germany  
[yevhen.fursa@mfa.gov.ua](mailto:yevhen.fursa@mfa.gov.ua)

### Abstract

The spectrum of definitions of the notion “medical tourism” has been outlined based on the results of the original review, and the authors’ vision of the said definition has been proposed. The WMA Statement on Medical Tourism has been analyzed and general principles for the functioning of medical tourism have been identified. The basic provisions for patients receiving services in the field of medical tourism and physicians involved therein have been crystallized on the basis of the said Statement. The experience of foreign countries in which the outlined sphere of tourism is actively developing, and which have the recognition of quality by WHO, has been covered. Authors’ axioms for the development of medical tourism, which can be useful for any country that is willing to build legal medical tourism, have been proposed.

**Keywords:** Medical Tourism, Rights Of Patients, Medical Professionals, Medical Tourist, Cross-Border Health Services Provision, Economy.

### Introduction

Nowadays, medical tourism as a type of tourism is especially economically attractive for the countries, because despite the main purpose of travel, individuals combine it with other goals, such as cultural, gastronomic, etc. Accordingly, these factors synergistically have a great impact on the economy and the growth of the local budget (for example, of a specific service provider), as well as nationwide/local. There is no unified understanding of medical tourism legal nature, as the variety of designations of this phenomenon can be met. For example, according to the results of various researches, it can be argued that foreign sources, in particular, use the following notions: “wellness tourism”, “health care tourism”, “cure tourism”, “holistic tourism”, “well-being tourism”, “spa tourism”, “medical tourism”, “health and wellness tourism”, etc. In the Ukrainian professional literature the terms “treatment tourism”, “sanatorium tourism”, “health tourism”, “medical tourism”, “spa tourism”, “wellness tourism” and other designations are used (M. Sabat, 2012). As it does not have a proper regulatory basis, medical tourism is connected with a range of different issues: protection of personal data, personnel policy, and quality of services provided, in particular medical, legal liability, contractual regulation.

There are no official statistics for the medical tourism market today, and estimates and projections for its development differ from one research to another. Estimates from various experts range from USD 10.5 billion in 2012 to USD 32 billion in 2019 and USD 3 trillion. in 2025 (D. Myrhorodska, 2018). The study of some analytical data indicates that the volume of the medical tourism market will grow by 15.7% by 2022 compared to 2015, reaching in absolute numbers USD 143.8 billion. (K. Mokanov). According to other data, the market for research is already over USD 439 billion for now. By 2025, up to 3-4% of the world's population will travel the globe to improve their health, physiotherapy, and treatment (Visa, 2014).

According to the State Statistics Service of Ukraine, the analysis of the distribution of tourists served by tour operators and travel agents for the purpose of travel and types of tourism in 2018 looks as follows: the number of tourists for the purpose of treatment, served by legal entities and individual entrepreneurs was 61303 and 19003 persons respectively. This amount includes 3883 and 872 inbound (foreign) tourists, respectively, and 14554 and 1064 outbound tourists, respectively. Accordingly, Ukrainian statistics indicate that there are more tourists leaving Ukraine for medical treatment. As the researchers point out (L. Prodanova, D. Myrhorodska, 2017), the group of economic conditions and factors that affect inbound tourists include the level of socio-economic development of the country as a whole and the sectors of health and tourism in particular, the level of prices for goods and services, exchange rate, level of medicine and tourism financing, investment volumes in the said industries.

However, it is clear that the present conditions, caused by the COVID-19 pandemic, will change the conditions for medical tourism, since the virus has affected not only the healthcare system but also the economic situation in the world as a whole, creating many challenges for various industries, in particular tourism. The whole tourism industry is under COVID – 19 crisis conditions, therefore, a new map of medical tourism will be drawn at the stage of crisis exit. COVID - 19 clearly stated that it is medical conditions that can be decisive, be the factor that would change the paradigm of public life (political, economic, cultural, etc.)

## **Literature Review**

It is important to analyze the sources of literature in order to clarify the definition of the concept, which would allow to understand the essence of the phenomenon and formulate conclusions to the strategy of development of medical tourism. Medical tourism is a specialty tourism destination, which provides for the organization and provision of treatment, diagnosis, disease prevention and other medical services both within the country (domestic medical tourism) and abroad (external one) (O. Hunchenko, 2014). Medical tourism can be also understood as a type of business activity aimed at providing services for the diagnosis, treatment and prevention of diseases outside the country of residence (K. Didenko, V. Zhuchenko, 2016).

Medical tourism is not only a journey to improve health, but it is an economic activity that involves trade in services, which is an amalgamation of at least two sectors of the economy - tourism and medicine (M. Bookman, 2007).

At the 9th National Conference on Health held in Rostock, Germany, in 2013, medical tourism was defined as a health and tourism industry that promotes the maintenance and restoration of health in general and well-being, in particular, through authorized medical services (N. Reznikova, O. Ivashchenko, O. Voitovych, 2018).

In our opinion, medical tourism is a type of business activity that combines tourism and medicine, aimed at creating a tourism product in the field of medicine, organization of providing and providing medical care for visiting and inbound medical tourist (patient).

## Main part

In addressing the issue of medical tourism it is necessary to analyze the World Medical Association's Statement on Medical Tourism, adopted by the 69th General Assembly of the WMA in October 2018 (Reykjavik, Iceland) (hereinafter - the Statement) establishing a coordinate system for medical tourism worldwide. According to the Statement, medical tourism is defined as a situation where patients voluntarily travel across international borders to receive medical treatment, often at their own expense. Treatment covers a range of medical services and typically includes: dental care, cosmetic surgery, elective surgery, and fertility treatments. According to the Statement, the following cases do not apply to medical tourism:

- 1) the national healthcare system or healthcare facility sends the patient abroad for treatment at their own expense;
- 2) patients from EU Member States who are allowed to seek healthcare in another EU Member State, according to legally defined criteria, and their national health care system bear all the costs;
- 3) people are outside of their country of residence when they are ill and need treatment.

According to the Statement, it seems that intra-state tourists will not fall within the scope of medical tourism, although various definitions are found in the literature, as discussed above.

The general axioms established by WMA are the following:

1. It is necessary to develop a healthcare system in each country in order to prevent excessive medical tourism resulting from limited treatment options in the patient's country of residence. Financial incentives to travel to a patient for outpatient care should not limit diagnostic and therapeutic alternatives in the patient's country of residence, or limit treatment and referral options.
2. Governments are required to carefully consider all the health tourism implications of the country's healthcare system by developing comprehensive, coherent national protocols and legislation on medical tourism in consultation and cooperation with all relevant stakeholders. These protocols should assess the ability of each country to receive medical tourists, agree on the necessary procedures, and prevent the country's healthcare system from being adversely affected.
3. Governments and service providers need to be assured that medical tourism does not adversely affect the proper use of scarce health resources or the availability of appropriate care for locals in host countries. Particular attention should be paid to treatment with a long waiting time or due to scarce medical resources.
4. Medical tourism should not promote unethical or illegal practices, such as organ trafficking. The government, including executive agencies, should be able to stop selective medical tourism where it threatens the ability to treat the local population.
5. Admission of medical tourists should never allow distortion of the actual clinical need assessment and, where appropriate, the development of waiting lists or priority lists for treatment. After admission to treatment, patients should be treated according to the urgency of their medical condition. Wherever possible, patients should be referred to facilities approved by the national authorities or accredited by the relevant accreditation bodies.

As a result of this Statement, the key tips for healthcare providers and patients involved in medical tourism industry can be crystalised. It is they that can serve as the basis for national regulation and the fixing of these minimum safeguards, which should not be waived by countries. It is a system of safety coordinates for the patient and the activities of the physician in the field of medical tourism.

Therefore, the patients shall:

- 1) be aware that treatment methods and healthcare laws in host country may be different than in their home country and that medical care is provided in accordance with the laws and practices of the host country;
- 2) be informed by the doctor / service provider of their rights, including the right to medical care outside the country of residence, as well as information on legal assistance in the event of damage to the patient's health and possible mechanisms for compensation;
- 3) be informed of the potential risks of combining surgical procedures with long flights and vacations;
- 4) be aware that privacy laws are not the same in all countries and, in the context of the additional services they receive, their medical information may be provided to non-medical professionals (such as translators);

- 5) receive documentation indicating services provided by physicians and non-physicians, including translators, and an explanation of who will have access to their medical information;
- 6) agree that medical information may be disclosed that is necessary to provide them with health care;
- 7) be informed that a change in their clinical status may lead to a change in the cost estimation, as well as their associated travel plans and visa requirements;
- 8) be informed of a change in treatment plan arising out of a medical need other than the original agreed plan, the purpose of such change, and consent to any such changes in the treatment plan;
- 9) receive from a doctor in the host country information about the inability to improve his or her health if the patient suffers from an incurable disease, and the inappropriateness of traveling abroad for treatment;
- 10) receive information about their treatment in a language they understand, i.e.: a) the right to receive a brief report on the progress and discontinuation of treatment from the attending physician; b) translation of documents as needed;
- 11) agree on the transfer of test results and diagnostics to their country of residence before treatment starts;
- 12) receive a copy of their medical records for continued assistance and follow-up in their country;
- 13) receive, if necessary, a detailed list of medical guidelines and recommendations for the period after their departure, namely: a description of the expected recovery time and the time required for rehabilitation before returning to their country.

In their turn, the persons involved in medical tourism in the host countries shall:

- 1) develop a treatment plan, including a cost estimate and payment plan, before the medical tourist travels to the host country;
- 2) ensure that all activities are tailored to the patient's medical needs;
- 3) be aware of their ethical responsibilities regarding the protection of privacy. Translators and other administrative personnel who have access to the medical information of the medical tourist shall sign confidentiality agreements;
- 4) provide documentation indicating the services provided by physicians and non-medical professionals, including translators, and an explanation of who would have access to the patient's medical information;
- 5) provide the patient who is suffering from incurable disease with accurate information about the treatment options, including treatment limitations, treatment options to change the course of the disease markedly to increase life expectancy and improve quality of life;
- 6) inform the patient about the impossibility to improve the patient's health, and persuade the patient to refuse from travel;
- 7) treat each person admitted for treatment, both local and foreign without any discrimination. All responsibilities specified by law and international medical codes of ethics also apply to the physician when treating medical tourists;
- 8) make medical decisions regarding the patients in cooperation with them;
- 9) not require the patient to undergo previously performed studies if the information is available and of good quality, unless there is a clinical need for re-diagnosis, but the evaluation is assigned to the attending physician;
- 10) confirm the diagnosis, prognosis and methods of treatment received by the medical tourist (concerning the doctor who prepares the patient's treatment plan);
- 11) communicate, as far as possible, with the doctor of the patient's country of residence in order to provide appropriate post-dispensary treatment and clinical monitoring of the medical problems of the patient.

Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights to cross-border healthcare of 09 March 2011 (with further amendments) (hereinafter referred to as the Directive) defines the principles of cross-border healthcare, which is not defined in the Statement as services within the scope of medical tourism. The Directive states that, despite the possibility for patients to receive cross-border healthcare in accordance with this Directive, Member States retain the responsibility for providing citizens with safe, high-quality, efficient and quantitatively adequate healthcare services in their territory. Moreover, the transposition of the provisions of this Directive into national law and their application should not lead to an incentive for

citizens to receive treatment outside their Member States of affiliation. As defined by the Council in its Conclusions of 1-2 June 2006 on Common values and principles in the European Union's healthcare system, the decision on the basket of public health services and the mechanisms used to the financing and provision of such health services, such as the extent to which market mechanisms and competitive pressures to manage health systems are appropriate, should be taken in a national context.

Within the framework of the provision of cross-border healthcare services, the obligation to reimburse the costs of such services is limited to the services to which the insured person is entitled under the law of the Member State of affiliation. For the purpose of reimbursement of costs for cross-border healthcare services, this Directive covers not only situations where a patient is provided with health services in a non-Member State but also prescriptions, leave and supply with medicines and medical devices, if provided in the context of healthcare. The definition of cross-border healthcare services involves the acquisition by a patient of such medicines and medical devices in a non-member Member State and the acquisition by a patient of such medicines and medical devices in a non-Member State, where the prescription was issued.

The wording of the European Court's of Human Rights (hereinafter referred to as the Court) case-law is interesting in the Directive. Member States may require prior authorization for reimbursement by the national system of eligible costs of in-patient care provided in another Member State. The Court ruled that such a requirement was both necessary and reasonable, since the number of hospitals, their geographical location, the way they were organized and the means by which they were equipped, as well as the nature of the medical services they were able to provide, were issues that could be raised. previous planning, which is generally intended to meet a variety of needs. The Court recognized that such planning was necessary to ensure that sufficient and consistent access to balanced high quality treatment was available in the Member State concerned. Additionally, it helps control costs and prevent, as far as possible, any waste of financial, technical and human resources. According to the Court, such a waste would be further detrimental as it is widely recognized that the hospital sector generates significant costs and needs to meet growing needs, while the financial resources available for health services are limited, no matter what method of financing is used.

EU citizens travel from richer countries such as the United Kingdom, Sweden, Germany, the Netherlands and Ireland to seek affordable healthcare in other countries, especially in Eastern Europe.

Until recently, the main healthcare areas for Europeans were the United Kingdom, France, Germany, Italy and Spain. However, as amendments to the Directive were adopted in 2014 (in particular that states that there should be free access to treatment for all EU citizens in the public space), a new market for medical tourism has emerged. Consequently, countries such as Hungary, the Czech Republic, Romania, Poland and Latvia have become popular destinations. According to the Polish Medical Tourism Association, in 2014, 488,000 foreign patients came to Poland for treatment. Medical tourism today accounts for about 5% of the tourism industry in the EU and contributes to about 0.3% of the EU economy. In fact, this is a higher percentage than traditional tourism. Therefore, increasing the share of health tourism may reduce the seasonality of tourism.

In Turkey, which has become a leading and popular destination for people seeking less sophisticated treatments, the government is offering discounts to patients flying Turkish Airlines. The government also plans to introduce tax-free health care facilities for foreign patients. More and more governments and companies are offering cheap flights, open borders and inclusive packages to further fuel this segment of the tourism market.

According to the research of medical tourism in the EU, the statistical data is the following (R. Fink, 2018):

- 64% of patients that traveled for care didn't have health insurance;
- almost 83% of patients traveled with a companion;
- 33% of patients traveled abroad for cosmetic surgery;

- almost 90% of patients or their companions engaged in tourism activities;
- nearly 80% of the demand for medical travel is driven by cost savings;
- medical tourists spend between €6,083 and €12,885 per medical travel trip;
- 48% of respondents would be interested in engaging in medical tourism again at some point in the future;
- the cost of medical treatment and quality were the most important factors in their decision to travel abroad for treatment;
- out of 49 participants that had previously traveled overseas for medical treatment, 36% used a medical tourism facilitator.

A large number of EU citizens (about 49%) are ready to travel for healthcare. This may be linked to the EU Health Directive, which states that Member States should reimburse their citizens for the cost of the services they could get at home (in order to protect the financial soundness of national health systems). This situation has some disadvantages for patients from poorer countries with less developed healthcare systems. For example, healthcare costs far less money in Croatia than in Sweden. Thus, a Croatian patient would have to pay out of pocket for a significant difference in the cost of treatment if he or she sought healthcare. At the same time, as a patient from a more affluent EU Member State can seek help in Croatia or anywhere without paying much of their own money for healthcare. This scenario is particularly advantageous for wealthy Member States as they achieve economic benefits if treatment abroad is cheaper. National policies in some countries, such as Turkey, promote the growth of medical tourism. This indicates that it is an important strategy in the overall tourism planning.

It is worth noting that for the development of medical tourism, it is important to institutionalize, bringing together professionals from different industries, determine the key basis for the development of the industry: from standards of services, protection of patients' rights and responsibility to the formation of legal boundaries of functioning. Nowadays, there exist World Medical Tourism Association, Global Healthcare Travel Council, European Medical Tourism Alliance, in Ukraine there is Ukrainian Medical Tourism Association, which is a member of the World Medical Tourism Association.

Medical tourism issues are regulated in Ukraine exclusively by the Law of Ukraine "On Tourism". Nevertheless, this legal act does not contain the definition of such notion. Art. 4 of this Law enshrines health tourism among the types of tourism. Therefore, for the effective development of the realm, it is necessary to clearly understand the legal essence of medical tourism by enshrining it in national law.

The law on medical tourism exists in Israel (Medical tourism law 5778-2018). It regulates the activity of medical tourism entities: it is proposed to create a register of medical tourism agents and determine the prerequisites for registration.

The law establishes ethical standards for medical tourism agents: - they are responsible for protecting the interests of medical tourists. They are also the body that represents the Israeli healthcare system to the medical tourist before their arrival to Israel. The law establishes a medical institution's obligation to comply with certain rules in order to provide medical tourism services. The purpose of these rules is to achieve certain goals:

- a) preventing the deterioration of the quality of care for Israeli patients through medical tourism by ensuring that Israeli patients have priority in accessing all the healthcare facilities;
- b) filling the health care system with funds for the well-being of Israeli patients, transferring medical tourism revenues there. To this end, there is a recommendation on several steps to increase the transparency of hospitals with regard to their financial activities, the source of which is medical tourism that allows to track hospital revenues from medical tourism and the use thereof.

The attention shall be drawn to the experience of those countries that successfully develop medical tourism. India is one of the key players in the medical tourism industry as it seeks to provide

healthcare with cutting-edge technology. Healthcare in India saves patients between 65% and 90% of the money compared to the cost of a similar services in the US, making India one of the most visited countries for healthcare. Patients visit India not only for the quality and availability of medical services, but also for the beautiful scenery and architecture of the country. In India, medical travel brings a blend of fun and quality health care to travelers.

Many hospitals in India are accredited by the National Hospital and Health Care Accreditation Council (NHHAC) and the International Joint Commission (IJC). Some private hospitals in India provide medical packages for foreign patients, such as airport transfers to hospitals, free Wi-Fi in the room and private chefs. In addition, there is almost zero waiting time in India as scheduling surgery or intervention is done as soon as the diagnosis is confirmed.

The WHO notes that Brazil has the best healthcare locations in Latin America. There are 43 hospitals accredited by IJC in Brazil, and it boasts of having world-renowned surgeons. Brazil is the center of cosmetic and plastic surgery, being the third most visited country, along with the US and China, by patients requiring these procedures. Brazil offers high quality cosmetic and plastic surgery services at affordable prices, bringing more and more medical tourists to the country. Florianopolis and São Paulo are two cities in Brazil best known for their advanced medical technology, medical advances and innovations. Brazil is also a favorite country for patients seeking special procedures such as Brazilian bracing or other special services from world-renowned surgeons. For example, medical travelers from the United States save between 20% and 30% on healthcare costs if they receive medical services in Brazil.

Malaysia won first place according to the International Journal of Medical Travel in the category of Health and Medical Tourism of the Year 2015 and 2016. Malaysia ranks as one of the best health care providers in Southeast Asia. Medical travelers visiting Malaysia save between 65% and 80% on health costs compared to US costs. Malaysia offers superior comfort for patients with five-star rooms that are more like a hotel than a hospital. For example, the Prince Kort Medical Center has indoor pools for hydrotherapy. Both at Penang International Airports and Kuala Lumpur Airports, the Malaysian Tourist Board for Health (MTBC) operates, providing leisure and concierge services to medical tourists to ensure their comfort from the moment they arrive to Malaysia.

The Central American country of Costa Rica has ranked high in dentistry and cosmetic surgery over the past few years, above Canada and the United States. The country is also making a name for itself in the field of ophthalmic surgery, cancer therapy and bariatric surgery. CheTica Ranch, located in San Jose, provides exotic treatments for medical travelers for patients who are enjoying a recovery in a relaxed atmosphere. The cost of medical services in Costa Rica is 45% to 65% lower than in the United States.

Singapore is one of the most developed countries in the world, ranking first in the field of healthcare by the WHO among Asian countries. Gleneagles Hospital is one of Singapore's best hospitals, offering excellent medical services, advanced facilities and well-trained professionals. Medical services in Singapore save the patient 25% to 40% of the similar services cost in the US.

## **Conclusions**

To summarise the above, it is important to note that the common axioms for building legal medical tourism can be the following:

1. Medical tourism as a business shall be value-oriented, ethical, because it has life and health as key values in its essence.
2. The service provider needs to form a recognizable, unique product (for example, Kozyavkin International Rehabilitation Clinic).
3. Intra-state partnership is necessary for leadership, competitiveness of the state on the world map.
4. The service provided shall be of good quality and safe.

5. Multiculturalism, taking into account the diversity of services and specificities of cultures and religions of different countries.
6. Prohibition of illegal and unethical practices (for example, trade of anatomical materials).
7. Establishing clear and understandable intra-state regulatory boundaries with equal conditions for access to healthcare, a balance between the intra-state patient and the medical tourist regarding the quality of services.
8. Establish a proper legal basis for the vulnerable areas of medicine, such as embryo donation, surrogacy, abortion.
9. The vulnerability of the medical tourist in comparison with the national patient shall be taken into account, since it is necessary to remember that, as a rule, the lack of knowledge of the language of the service provider's country, there is often the need to involve a translator. Also, the foreign patient usually does not know the specifics of the law, contractual practice of the host country, etc.
10. A latent market for medical tourism intermediaries should be identified and regulated in order to ensure safety for patient tourists and to avoid unethical activities.
11. Medical tourism has a positive effect on other segments of the economy in the country, because in treatment the patient and/or their accompanying person: a) live in a hotel, in particular a patient dependent on the type of medical services (for example, dental, which do not require hospital care) ; b) visit restaurants, cafes, bars; c) visit the cultural heritage of the host country; d) often combined with rest.
12. Medical tourism activates competition, influences the flexibility of the market, because the patient has an unlimited opportunity to choose: better quality of services, better price, better transport route, better specialist, better medical infrastructure. Fighting for the patient should create a "natural" choice and stimulate states to improve services, and the benefit of this is the economic impact, the improvement of their own healthcare system, and the provision of better-quality medical services to national patients.
13. It is important for Ukraine to develop a national concept of medical tourism and to adopt the necessary legislation to catalyze this type of tourism.

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