



AESTHETIC MEDICINE TOURISM – NATURE AND SCOPE OF THE SERVICES

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ABSTRACT

The article discusses the issues of development of aesthetic medicine tourism. Its aim is to identify the essence and scope of services related to aesthetic medicine tourism and its location within the health tourism. The article is based on the theoretical study of literature from the field of health tourism and aesthetic medicine as well as empirical research results. The article discusses the issues of conditions of social changes that contribute to the creation of new trends in the tourism market. Further, it characterises aesthetic medicine. The article presents the results of empirical research indicating the need to expand the segment of health tourism to include aesthetic medicine tourism. Then the differentiators of aesthetic medicine tourism were identified, which may qualify it as a separate segment of health tourism. The theoretical added value of the article is the indication of the development of a new trend in health tourism and the identification of traits that allow the isolation of a new trend – aesthetic medicine tourism.

KEY WORDS

aesthetic medicine tourism, health tourism

The project has been financed with the resources of the National Science Centre granted on the basis of the decision No. DEC-2013/11/B/HS4/02138

DOI: 10.1515/emj-2016-0008

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INTRODUCTION

The changes caused by globalization of medical services, the change of lifestyle with displaying the healthy lifestyle, attention to the figure and well-being associated with the external appearance, combined with the willingness to travel, has given rise to a new segment of health tourism, that is aesthetic medicine tourism. This segment, already occurring in practice, has never been described in the literature. The purpose of this article is to identify the essence and scope of the services in the field of aesthetic medicine tourism and its placement within the health tourism. The basic research problem in the article comes down to seeking the essence of aesthetic medicine tourism, identifying its distinctiveness allowing for the classification of aesthetic medicine tourism as a separate segment of health tourism. The article is the study of literature extended by empirical results.

1. MATERIAL AND RESEARCH METHODS

The article is the result of analyses based on literature studies, discussions, participant observation and the results of empirical research. In terms of the methodological concept, the article has two approaches. One approach consists in identifying and ordering the views expressed in the published texts and discussions on health tourism and aesthetic medicine – this approach is based on materials derived from studies of the main items of specialized literature. As a further consequence of theoretical exposures that explain and organize the issues of aesthetic medicine tourism and expose the differences in aesthetic medicine tourism, it is possible to classify it as a separate segment of health tourism. The study also uses the results of empirical research conducted

with the use of the Delphi method, carried out in the month of July and August 2015 with the participation of 12 experts in the field of economics, health tourism and aesthetic medicine, as well as the method of diagnostic survey conducted in aesthetic clinics in Bialystok in May and June of 2015. Empirical research with the use of the Delphi method served to pose a hypothesis concerning the extraction of a new segment of health tourism – aesthetic medicine tourism. Studies conducted in clinics providing services in aesthetic medicine helped to identify the occurring phenomenon of tourist travel in order to benefit from the services of aesthetic medicine – the creation of a new segment of aesthetic medicine tourism.

2. CONDITIONS OF TOURISM DEVELOPMENT IN AESTHETIC MEDICINE

The development of the tourism market is highly dependent on new trends and consumer needs associated with the desire to increase the quality of life understood broadly, not only to improve the material existence, but also striving to improve health, including mental health associated with a feeling of satisfaction with own appearance. New trends and needs become the main motive for the decision to travel. Travel theme is the basic criterion for the division of tourism (Gaworecki, 2003). It can be said that the need associated with the improvement of health, physical, mental and spiritual rejuvenation caused by the technical development of civilization and the increasing awareness of the importance of health in human life are the basis for the change of style of relaxation from the passive to active recreation. Such recreation is often linked to the preventive rehabilitation by visiting the spa or with relaxation by visiting the wellness clinics or spa. Improving health is therefore the motive of tourism and at the same time the basis for the development of the health tourism market. The demand for health services has become a global phenomenon associated with economic development, better education and higher incomes. On the other hand, significant changes in medicine have been noted. Firstly, it is a response to the globalization of health services (Lunt & the Carrera, 2010; Morgan, 2010), including as a result of signing multilateral agreements in the

field of medical care (Reismann, 2011). Secondly, medical services went beyond the traditional perception of medicine through the prism of repair functions, understood as helping the needy, to a modelling or aesthetic function. Its broader understanding stems from a holistic and optimistic interpretation of the term health, that is the complete physical, mental state and social well-being (World Health Organization) guaranteeing a socially, economically and psychologically productive life, including the spiritual dimension. The health tourism market concerns not only people with specific lesions, but also physically healthy individuals wishing to temporarily change their daily rhythm of life, experience new challenges and overall improve their current state of health.

In the last five – ten years the medical services market has expanded its activities to aesthetic medicine services. Aesthetic medicine services have become the basis for the construction of new tourist products extending the health tourism segment (Panfiluk et al., 2015). According to 45.45% of the experts in the study of health tourism, aesthetic medicine tourism should be treated as a separate segment. The studies conducted in aesthetic clinics in Bialystok indicated that 30% of customers are tourists, including 9% foreign tourists, while 21% domestic tourists from outside the voivodeship. 70% of customers are recipients of services living in the region. Since the establishment of the surveyed establishments, in 70% of the clinics the number of customers from outside of the region tends to increase, and in the remaining 30% of the clinics the number is constant. The detailed analysis of foreign clients by country of origin indicated that 2.6% are German, 2.2% tourists come from the UK, 1.8% from Denmark. These included a minimum proportion of patients from Scandinavian countries (0.6%) and Arab countries (0.2%). Other countries that have been identified by medical centres are neighbouring countries: Belarus (0.8%) and Lithuania (0.8%). The opening up of aesthetic medicine service providers to the tourist market is evidenced by cooperation with accommodation facilities, in order to provide accommodation to their customers.

Treatments, the purpose of which is to modify the human body, are known since ancient times. In India in the fourth century, nose, ears or mouth reconstructions were performed. In China in the tenth century reconstructions of feet were performed, and in the eleventh century in Turkey techniques of

treatments for drooping eyelids and treatment of gynecomastia were known. Currently, aesthetic medicine is the latest area of medicine. Its formal creation is connected to the following events: the creation of the French Society of Aesthetic Medicine (1973) and the establishment of (1975) Union International de Medicine Esthetique (UIME) based in Paris. Development of aesthetic medicine in Poland dates back to the year 1993. Then the Aesthetic Medicine Section at the Polish Medical Association was established. The activity of the section consisted in organising the meetings, conferences and congresses. In 2002, the Graduate School of Aesthetic Medicine was launched, and in 2007 the quarterly „Academy of Aesthetic and Anti-Aging Medicine” was launched, in 2008 a certification program for doctors of aesthetic medicine was initiated. The consequence of the activity of the section was the transformation in 2010 of Aesthetic Medicine Section into the Polish Society of Aesthetic Medicine and Anti-Aging. In 2013 the number of its members exceeded 1000 doctors (Polskie...). The aesthetic medicine services supply market is booming, but research conducted in 2011 by TNS OBOP proves that 82% of Polish women are interested in methods allowing to keep a youthful appearance. However, only 6% of them ever used the services of aesthetic medicine units (Medycyna Estetyczna...). The research indicates that those services in our country are too expensive to be widely available (Newerli-Gus et al., 2014).

3. AESTHETIC MEDICINE TOURISM – THE ESSENCE AND SCOPE OF SERVICES

Within the segments of health tourism, aesthetic medicine tourism is the newest of its segments, which also includes spa tourism, spa and wellness, and medical tourism (Panfiluk et al., 2015).

Aesthetic medicine tourism is a tourist product which was created through the combination of aesthetic medicine services and tourist services (Panfiluk et al., 2015). It consists of services related to travel, stay, sightseeing, often including entertainment and aesthetic medicine services.

Aesthetic medicine is a branch of medical aesthetology, engaged in ensuring a high quality of life for healthy people through preventive actions,

focused on the prevention of skin aging, and in the next stage on reconstruction activities, aiming to restore the state from before the process. In addition to the issues of skin aging and elimination of wrinkles, aesthetic medicine deals with the correction of aesthetic defects of various nature. It treats advanced lesions, such as scars from burns, sunken cheeks, too small breasts, local obesity, cellulite, stretch marks, and other defects that may affect the discomfort stemming from the appearance (Śpiewak, 2012, pp. 69-71).

In aesthetic medicine, the acceptable procedures mainly include the ordination of drugs prescribed by doctors and non-surgical, non-invasive, or minimally-invasive treatments. They include procedures the use of which is legally permissible only by physicians licensed to practice medicine. They are performed in the skin tissue, subcutaneous tissue and teeth. In addition, aesthetic medicine restores the hormonal balance. The treatments involve small incisions and punctures and local anesthesia activating the skin to renew itself, interfering in its deeper layers (including subcutaneous tissue). All aesthetic medicine treatments are performed on an outpatient basis without the use of a scalpel and do not require a long recovery in the hospital from the patient (Padlewska, 2014, pp. 57-102; Ignaciuk, 2009, pp. 223-226).

Aesthetic medicine treatments include, among other things, the use of: fractional laser: Q-Switch and LED, IPL/E-light, mechanical massage, for example endermology, vacuum, radio waves, contact, fractional, microneedle radiofrequency, fillers (hyaluronic acid, polylactic acid, botulinum toxin (1000 times reduced harmful substances, commonly named botox), chemical and mechanical peels (exfoliation), puncturing (needle and fractional mesotherapy, microneedle radiofrequency), cryo-lipolysis and cavitation lipolysis (removing fat), bio-stimulative treatments: platelet-rich plasma, bio-stimulating lasers (Padlewska, 2014, pp. 57-102).

The factors determining the decision-making process concerning the performance of aesthetic medicine procedures is the care concerning the appearance, health, prestige, and to a lesser extent, the need and necessity. As a result, aesthetic medicine treatments translate into the improvement of well-being and rewarding yourself for failures „as a reward” (Newerli-Gus et al., 2014, pp. 257-259). From a medical point of view, they are intended to improve the wellbeing and appearance (Ignaciuk, 2009, pp. 223-226).

Defining the scope of aesthetic medicine tourism, as a segment of health tourism requires the analysis of already existing approaches used in health tourism, demonstration of common characteristics combining aesthetic medicine tourism with health tourism, as well as the differences that are the basis of recognizing it as a separate segment of health tourism.

As all the segments of health tourism, aesthetic medicine tourism, in general terms, can be characterized on the basis of five characteristics of health tourism:

- voluntariness of traveling outside the place of residence,
- dominance of the health-related objective of travelling,
- visiting tourist attractions,
- motivation of the journey,
- use of medical services.

In the cases, where the first three features (travelling for health purposes connected with leisure and sightseeing tourist attractions and even entertainment) are exactly the same for all segments of health tourism, then in specific terms, medical factors (use of medical services in the field of: diagnostics, prevention, treatment, or rehabilitation), the specific objective and the objective of the trip differentiate aesthetic medicine tourism from other segments. This results from the differences between aesthetic medicine services and medical services used in health tourism, spa and wellness, as well as medical tourism.

The common ingredient of aesthetic medicine tourism and health tourism allowing for the inclusion of this form as tourism are the actions taken in connection with travelling, that is change of residence. Activities related to travelling are made consciously, voluntarily, and in free time (Dryglas, 2006, p. 69; Gaworecki, 2007, p. 31; Bookman & Bookman, 2007; Białk-Wolf, 2010, p. 655; Johnson et al., 2010, pp. 171-177; Lubowiecki-Vikuk, 2010, p. 186). Such trips are also paid for by the travelling individuals (Rab-Przybyłowicz, 2014, p. 31). It is recognized that the main determinants of undertaking a journey in health tourism include (among others: Rab-Przybyłowicz, 2014, p. 28; Lubowiecki-Vikuk, 2010, p. 186; Białk-Wolf, 2010, p. 655):

- lack of insurance to cover the cost of medical services in their own country;
- differences in prices of medical services in favour of the country of destination;
- differences in the quality of medical services in favour of the country of destination;

- lack of legalization of certain medical services (treatments) in the parent country, among others, abortion and in-vitro fertilization;
- availability of benefits (resulting from the lack of personnel, knowledge, equipment, procedures, too long waiting or legal restrictions) or lower level of development of medical services data (for example: some types of cancer, neurological diseases) at the location of residence.

Each of the trips made for medical reasons is combined with recreation, sightseeing and entertainment in the place of stay (Białk-Wolf, 2010, p. 655; Lubowiecki-Vikuk, 2010, p. 186; Rab-Przybyłowicz, 2014, p. 31; Hunter-Jones, 2003, p. 170; Mika & Ptaszycka-Jackowska, 2007, p. 279).

A common feature of health tourism and aesthetic medicine tourism is its treatment in market terms, where the products and services are designed and promoted in both the market of health and tourism services (Goodrich & Goodrich, 1991, p. 107; Connel, 2006, p. 17; Januszewska, 2008, p. 110; Łęcka, 2003, p. 173; Goodrich, 1994, p. 227). A common feature of health tourism services is also their inclusion in luxury services (Newerli-Gus et al., 2014, p. 259).

Another common component of aesthetic medicine tourism, and other segments of health tourism is the purpose of the journey. The destination of the tourist journey represents the category that differentiates the segment of medicine tourists from the rest of the group of tourists, allowing to distinguish health tourism as a separate form of tourism. The basic travel objectives in health tourism are defined both in general and specific terms. In general, these are defined as regeneration of the human body (Gaworecki, 2007, p. 31), improvement of physical and mental health (Dryglas, 2006, p. 69; Januszewska, 2008, p. 110; Lubowiecki-Vikuk, 2010, p. 186), consolidating and maintaining normal physical and mental fitness (Januszewska, 2008, p. 110) or as satisfying the needs related to health, leisure and well-being (Lewandowska, 2007). The analysis of the objectives in specific terms allows you to notice the differences between the segments of health tourism. The objectives of medical tourism trips include objectives such as the improvement or correction of beauty (Lewandowska, 2007; Januszewska, 2008; Lubowiecki-Vikuk, 2010, p. 186), body care, undergoing surgical procedures (Łęcka, 2003). These objectives can be realized through active recreation, therapeutic prevention, rehabilitation, health education, and medical treatment (among others: Jagusiewicz, 2001, p. 10). The dominant purpose of

health tourism is rehabilitation linked with the return to health after illnesses (Kozłowski et al., 2013, p. 27; Szromek, 2008, p. 32) implemented in sanatoriums and spa facilities. The objectives of spa and wellness tourism, in specific terms, involve the regeneration of physical and mental health of healthy people. They rely on the use of procedures involving body care, which may include services and treatments relating to body care, relaxing services (pampering), services and treatments caring for the soul and bringing about a mood (wellness). The used spa treatments utilize the properties of therapeutic waters that relax, calm and energize, as well as other substances inducing in a blissful state (for example, chocolate or goat's milk), physical exercises, light therapy, massages and meditation exercises as well as cosmetic services. The essence of cosmetic treatments (massages, clay and herb wraps, exfoliation) is beautification of the body. Spa treatments focus on spiritual aspects, helping to fight some physical and mental problems of the healthy. Commonly they contain various ways to combat stress, detoxification, dietary and meditation treatments. The advantage of modern therapies is their oriental origin, referring to the science and philosophy of ancient civilizations (Kozłowski et al., 2013, p. 169-173; Szymańska et al., 2015). Spa and wellness tourism is carried out in wellness centers, especially accommodation establishments of higher category (Rapacz & Jaremen, 2013, p. 114).

In the case where health tourism is directed at meeting the widely understood health and leisure needs, improvement of beauty and well-being (Lewandowska, 2003, p. 182), aesthetic medicine tourism is focused on the removal of defects in external appearance and the acquisition of mental satisfaction. Detailed research in the field aesthetic medicine services has shown that the most common reason for using aesthetic medicine treatments is the attention to personal appearance (94% of respondents), health (85%), prestige (50%) and to a lesser extent, the need and the necessity to follow current trends that promote care for the health and widely understood appearance (face, body and figure). The decision concerning the treatments affect the expectations in terms of the improvement of beauty, delaying the appearance of signs of aging, therapy relating to aesthetic defects and well-being (Newerli-Guz et al., 2014, pp. 256-257). Aesthetic medicine treatments have become a cure for many problems of a psychological or social nature. It is believed that the improvement in physical appearance

increases the chances on the labor market, raises social prestige, facilitates professional success or love life. This helps to get rid of complexes, and also results in an increase in self-esteem of a person. (Wieczorkowska, 2007, p. 100).

Aesthetic medicine tourism is a part of health tourism according to the basic criteria of its division, namely the improvement of health. It constitutes a separate segment of health tourism due to the specific purpose of the trip: improvement of mental health and aesthetic appearance of the person undertaking the journey. It should be noted that the detailed purpose of aesthetic medicine tourism is leisure connected with the improvement of the physical attractiveness of healthy people and acquisition of aesthetic appearance of their bodies as a result of the use of aesthetic medicine treatments with a low degree of invasiveness.

The analysis of the reasons for travel in health tourism leads to the conclusion that they are associated with the general, primary health motive, thereby including aesthetic medicine tourism in this form of tourism. The motives behind health tourism include (Łęcka, 2003, p. 175; Lubowiecki-Vikuk, 2010, p. 186; Gaworecki, 2007; Rab-Przybyłowicz, 2014, pp. 31-32):

- deterioration of health;
- recuperation after diseases and injuries;
- desire to mitigate the negative effects of stress;
- rejuvenating treatments and treatments preserving the beauty, including plastic surgery;
- fight against addictions;
- decision to undertake efforts to improve the health status through undergoing specialized treatments or operations in terms of relaxation and the environment not resembling hospital conditions;
- friends' recommendations;
- need to change the image combined with the need for intimacy (unwillingness to share information about treatment or surgery with others);
- fashion for diverse and unconventional preventive health care;
- boredom with traditional tourist offer in the case of affluent middle-aged people who „have been everywhere and have seen everything”;
- active recreation, the forms of which should take into account the individual needs and possibilities of tourists.

The detailed analysis of the reasons for travel, as well as travel destinations exhibits internal differences. For example, in relation to medical tourism, such

motives as undergoing elective treatment in order to save health, improve the quality of life or to acquire aesthetic appearance of the body (through surgery) are indicated. (Białk-Wolf, 2010, p. 655; Lubowiecki-Vikuk, 2010, p. 186). The main themes of health tourism include the renewal of strength, improving health, well-being and physical condition (Gaworecki, 2003, p. 37; Panasiuk, 2013, p. 10), and of spa and wellness tourism – rest or taking care of beauty (Prochorowicz, 2013, p. 68).

An important factor differentiating the health tourism segments are the medical factors. In general

terms, health tourism services are offered in spas, wellness centers, relaxation centers, medical centers, centers of plastic surgery. Each of these facilities provides different types and forms of medical or cosmetic treatments, such as: rehabilitation, regeneration, renewal of biological powers, surgical procedures, beauty treatments. Each of the types and forms of treatments are different because of the person performing the treatments (physiotherapist, doctor, cosmetologist). It is also important to pay attention to the differences occurring in terms of interference in the patient's body. One can distinguish

Tab. 1. Factors differentiating segments of health tourism

CATEGORY	HEALTH TOURISM	SPA AND WELLNESS TOURISM	MEDICAL TOURISM	AESTHETIC MEDICINE TOURISM
Reason for the use of health services	managing chronic diseases, rehabilitation, prevention as well as health promotion and education	rest and mood improvement	treatment of diseases, restoration of physical fitness, improvement of appearance	improvement of mental status and well-being, improvement of self-esteem, improvement of physical appearance aesthetics
Purpose of receiving health treatments	treatment and rehabilitation of illnesses and improvement of general health	obtaining a good state of mind	maintenance or achievement of better health and appearance of the body	removal of external appearance
Type of provided health services	rehabilitation treatments	relaxation treatments	surgical procedures	non-surgical treatment
Place of performance of health services	spa hospitals, clinics, sanatoriums, naturopathy units, physical therapy clinics	Spa centres: massage salons, wellness centres	traditional medical centres: hospitals, clinics, plastic surgery centres and research institutes	aesthetic medicine cabinets
Scope of invasiveness of services	non-invasive	non-invasive	deeply invasive, performed in full anaesthesia	non-invasive or minimally invasive procedures performed without anaesthesia or with local anaesthesia
Person performing health services	physiotherapist	cosmetologist	doctor	doctor
Type of treatment	treatment through natural medicinal regional resources	treatment through natural resources, creams, using the latest achievements in cosmetology	Surgical and pharmacological treatment using the latest medical technologies	non-invasive treatment using the latest advances in aesthetic medicine

Source: own study based on own research results and literature (Mika & Ptaszycza-Jackowska, 2007, p. 297; Koźmiński, 2013, p. 28; Lubowiecki-Vikuk, 2010, pp. 93-104; Lewandowska, 2007, pp. 18-19; Łęcka, 2003, p. 179; Hadzik, 2009, p. 31; Rab-Przybyłowicz, 2014, p. 25; Henderson, 2004, p. 133; Białk-Wolf, 2010, p. 655; Hunter-Jones, 2003, p. 170; Gaworecki, 2003, p. 31).

non-invasive, minimally invasive and deeply invasive treatments. In the case of services of aesthetic medicine, the services delivered on outpatient basis in clinics of aesthetic medicine, performed by doctors are recognized as non-invasive or minimally invasive services. Basic devices include prevention and regeneration. The detailed collective summary of the analysis of differentiating factors of health tourism segments is presented in Tab. 1.

CONCLUSIONS

Based on the analysis of literature and the conducted research it is clear that a new segment of health tourism has been identified – aesthetic medicine tourism.

The essence of aesthetic medicine tourism is a journey which aims at removing defects in appearance, the dominant motivation is the improvement of the aesthetic appearance, which should result in improved mental health, well-being, including the increase in self-esteem. Aesthetic medicine tourism uses medical services, whose purpose is not prevention, but improving the „nature” or delaying the natural aging process. Such a trip is combined with sightseeing, recreation and entertainment in the target location.

The scope of aesthetic medicine services used by tourists includes treatment aiming at the prevention, therapy, compensation, rehabilitation or restoration of defects in physical appearance using the methods typical for a given „official/restorative” field of medicine or reserved for medicine (drugs, procedures and treatments), nutrition, rehabilitation and physical therapy. Basic measures used in aesthetic medicine are medical measures, medications or non-invasive or minimally invasive procedures (techniques of operations). In the case of aesthetic medicine services, the objective of the doctors’ activities is the improvement of physical attractiveness, in the case of medical services the objective of the doctors’ actions is the prevention or treatment of diseases.

It should be noted that the determinants of the traits of aesthetic medicine tourism services are:

- the theme and purpose of the journey;
- the type of medical services used by the tourist;
- the non-invasive or minimally invasive nature of the treatment techniques performed by licensed physicians.

In the category of tourism products, aesthetic medicine tourism can be interpreted in narrow terms as a service product or, in broad terms, as an area-based product. Aesthetic medicine tourism viewed as a service is related to the acquisition of aesthetic medicine services and basic services related to travelling and accommodation. In the categories of an area-based product, the purchase includes a diverse package of services. In addition to the basic one (travelling, accommodation and aesthetic medicine services) it also includes sightseeing, recreation and entertainment. From the economic point of view, it is important to pursue the development of aesthetic medicine tourism, as an area-based tourist product.

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