

INNOVATIVE TRENDS IN HEALTH TOURISM – MEDICAL, LEGAL AND ORGANIZATIONAL ASPECTS

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Purpose:¹ The aim of the article is an attempt to show how important the field of tourism is health tourism, including medical tourism, legal, organizational and, above all, medical aspects are the key things presented in this article.

Design/methodology/approach: The authors used the legal comparative method and the dogmatic-exegetical method, requiring the analysis of legal acts and views of the doctrine.

Findings: The authors focused on presenting the most important things related to the subject of the article. In the era of post-pandemic COVID-19, maintaining proper health is crucial for many societies. We showed innovations in modern medical tourism from the point of view in medical, legal and organizational aspects.

Research limitations/implications: Our research was limited to trends in organized medical tourism created by tour operators.

Originality/value: We showed a new approach to the subject, from the point of view of three aspects: medical, legal and organizational. We have analyzed trends in organized medical tourism created by tour operators. The three approaches, which we present in the case of medical tourism should be discussed together. The article is addressed to people dealing with health and medical tourism, lawyers as well as people dealing with management and economy, as well as people professionally dealing with health care issues.

Keywords: tour operators; health tourism; COVID-19; innovation; travel.

Category of the paper: Viewpoint article. The article presents the results of the research used the legal comparative method and the dogmatic-exegetical method.

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1. Introduction

At the beginning of this article it should be stressed what health tourism and what medical tourism is. The basic term which is used by the authors of this article is health definition that is used around the world and it says that *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* (www.who). Also *The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States* (www.who). The following term that is used in this article are the definitions of health tourism and medical tourism as well. For this article, the authors adopted the following definition of health tourism i.e. conscious and voluntary going outside for certain period of time aloof from town in the time off from work in order to recover, thanks to physical and mental active recreation (Gaworecki, 2019). According to A. Łoś, health tourism can be understood as an *organized trip by the entities of the tourist market for a day or more aloof the town in order to regenerate physical health, mental health, beauty treatments or undergoing treatments and operation in a medical facility* (Łoś, 2017).

There is a discussion in the literature about the full scope of health tourism. It is emphasized that health tourism can only be carried out in health resorts as they perform therapeutic and tourist functions. Many authors of studies puts an equal sign between the notions of healing and health tourism and health resort, it leads to the conceptual chaos and it makes it difficult to understand the structure which is the tourism of this area (Jagusiewicz, 2001).

Health resort tourism can be understood as an activity which is realized in tourist towns, related to the provision of spa treatments services which included the treatment of long term disease, rehabilitation, prophylaxis, education and health promotion. Also, health resorts are separated in order to protect and use natural resources, medicinal raw materials areas where spa treatment is provided (Łoś, 2017).

Spa&wellness tourism in this form of tourism, can be divided into two groups. The first one include tourism whose main goal is to take care of the body and relax (pampering) (Richards, Richards, 2006). Most often, these are beauty treatments including - massages (dry and water), clay and herbs wraps, peeling, gymnastics, gym, irradiation, cryotherapy, etc. The second one includes tourist products whose main goal is wellness. Usually, these are treatments which help to struggle with stress, detoxification and also slimming cure and meditation.

According to A. Łoś and E. Spivack, medical tourism is realized in traditional medical centres (medical institutes hospitals, clinics, plastic surgery centers). This is a kind of tourism which is connected with treatment. It can be understood as a conscious human activity in which, a traveler (medical tourist) aims to obtain broadly understood health care - both at home and abroad – which rely on a better state of health or aesthetic appearance of the body with is

connected with rest of physical and mental strength, sightseeing and tourist values as well as entertainment (Łoś, 2017) and (Lubowiecki-Vikuk, 2010). Viewpoint article. The article presents the results of the research used the legal comparative method and the dogmatic-exegetical method. The last one method required a comparison of the achievements of the doctrine, but also of legislative solutions. The legal comparative method, in turn, made it possible to compare solutions in other areas.

2. Legal aspects of health tourism

According to H. Zawistowska noticed that there are not enough studied about legal aspects in health tourism and medical tourism as well. However, there is an essential book, called “Patients with Passports” by Glenn Cohen which includes studies that are related to legal aspects of medical tourism.

It is important to say that medical tourism is a growing branch of tourism in which appropriate legal basic must exist what means that to know those matters, you have to know the terms mentioned below to better understand what medical tourism or health tourism is.

The basic legal act of European Union which refers to the topic of this article is Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 of the application of patients’ rights in cross-border healthcare (Directive 2011/24).

There are no enough available scientific sources related to other legal aspects of medical tourism, such as patient’s consent to perform the procedure, access to medical records, responsibility for medical malpractice, the nature, form and content of contracts for the provision of medical tourism services, and also as H. Zawistowska noticed there is a need for a detailed scientific analysis related to the aspects mentioned above. To understand what the legal basis of medical tourism is, it is important to make a catalog of entities that are interested in the activity of medical tourism and also they actively participate in it. According to H. Zawistowska entities that participate in medical tourism can be divided into the following groups:

- medical tourists (patient - tourist), these are people who report demand for medical tourism services.
- entities providing tourist and medical services.
- other entities, in particular entities who are financing medical services insurance as part of insurance (social, individual), and also central and local government administration as well as economic and professional self-government (Zawistowska 2018).

The rules of law regulate issues related to medical tourism entities and according to H. Zawistowska, they can be divided into the following groups that are related to certain legal consequences:

- producers of services (medical and tourist) or their consumers, being a consequence of concluding a contract for medical tourism services or commit a criminal offence, crime or offence,
- consumers of services (medical and tourist) or trip organizers classified as medical tourism,
- consumers (medical-tourists) and financing units, under social or individual insurance, medical benefits provided for tourists abroad,
- administration (government, local government) or producers and consumers of services (tourism, medical) (Horowitz, Rosensweig, Jones, 2007), related to starting and running a business in the medical tourism industry, gathering and disseminating information on manufacturers of medical services (Zawistowska, 2018; Wang, 2022).

Health tourism also means contracts for providing services abroad, the rules of law of the European Union are prepared for such event, and thus it is important to establish the conditions that must be met in order to provide health support in the country to which we are going.

Directive 2011/24, hereinafter referred to as the Directive "Patients without borders" entered into force in the EU member states on October 25, 2013 and it is a basic legal act in the EU which defines the rights of patients who use healthcare services in any EU country when they need it and they are not in their country.

This Directive provides free access to medical care abroad (Singh, Chawla, Prasad, Anand, Alharbi, Alosaimi, 2022), and confirms their right to reimbursement costs of healthcare provided in another Member State for people who have insurance in EU member state. Its purpose is:

- establishing rules facilitating patients' access to safe cross-border access healthcare,
- ensuring patient mobility in line with the principles established by the Court Justice of the EU by establishing a legal framework governing the use of healthcare services in a Member State other than a Member State insurance, with the possibility of reimbursement of the costs of these benefits,
- promoting cooperation in the field of healthcare between Member States, in full respect of the competences of the Member States in terms of organization and healthcare services.

The directive defines the obligations of both member countries where medical services are provided and the countries where patients using these services are insured. Countries where medical services are provided, the directive imposes the following obligations:

- ensure that patients obtain information from their national contact point enabling them to make an informed choice of medical service provider,
- ensure transparent procedures and mechanisms are in place to enable patients submitting complaints to those using these services,

- ensuring the existence of professional indemnity insurance schemes or similar guarantees from healthcare providers,
- respecting privacy with regard to the transfer of personal data about patients,
- providing foreigners using medical services with access to written or electronic medical records treatment,
- ensure that fees are charged for services provided to foreigners from Member States in the amount equal to the fees for domestic patients.

Member countries where patients receive medical services in another country are insured in the country, they are obliged to provide patients with:

- reimbursement of cross-border healthcare,
- access to information on patient rights,
- access to potentially necessary follow-up medical care,
- access to their medical records (Zawistowska, 2018).

The Directive regulates the rules for the reimbursement of cross-border medical care.

According to these regulations:

- the patient's home country ensures reimbursement of the costs incurred by the insured benefiting from cross-border healthcare, provided, however, that this care falls within the range of benefits to which is entitled in a Member State Insurance (Emilsson, Ernstson, Gustavsson, Svensson, 2020),
- costs of cross-border medical care are reimbursed or paid directly by the Member State to the level at which the costs would be covered by Member State if the same healthcare was provided to its territory; the relevant national authorities may also decide to reimburse the costs of travel and accommodation (Saviano, Bassano, Piciocchi, Di Nauta, Lettieri, 2018).
- a Member State may not make the reimbursement of cross-border care conditional from obtaining prior consent.

The Directive provides for exceptions to this principle the patient may need prior authorization from their home country before leaving country for treatment if the medical care involves hospitalization for at least one night or using highly specialized and expensive equipment medical or if it poses a particular risk to the patient or to the public (Visconti, Martiniello, Morea, Gebennini, 2019).

The Directive allows for the possibility for national authorities to reject an application for a grant prior authorization if they feel that the country can provide the patient with adequate treatment within a period justified by medical reasons; requests for treatment in another EU country must be dealt with within a reasonable time (Zawistowska, 2018).

3. Medical aspects of health tourism and medical tourism

Medical tourism is a dynamically developing branch of the market which according to the report from 2012 is priced at more than 100 billion \$ (www.kliniki.pl). Medical services are becoming progressively one of our country's key export products. A branch of medical tourism is currently one of the most developing sectors of the Polish economy. According to data from 2018 collected by the Institute for Research and Development of Tourism Medical, our country was visited by 182,000 foreign patients at that time and indicated an increase in the number of tourist-patients compared to 2016 by approximately 15% (www.gov.pl). Difficulties in estimating the number of foreign patients often result from the fact that the patients are people of Polish descent who are permanently residing in other countries that are not included in the statistics as a foreign patient. Often, patients and centers do not want to share such information.

According to many sources, one of the most attractive countries in terms of medical tourism is Turkey. Annually, Turkey is visited by about 700,000 foreigners, many of them are Poles who use medical treatments and other related services there. One of Turkey's advantage is its geographical location, the proximity to European and Asian countries and also a tourist-attractive climate. Their healthcare system is relatively not that expensive, and many specialists who are practicing in European and American hospitals start move their practice to Turkish hospitals (Mostepaniuk, Akalin, Parish, 2023). In addition, meeting the needs for medical services can be combined with an attractive holiday trip. In this country our compatriots are mainly interested in aesthetic medicine, stomatology and hair transplant (www.treatmentabroad.com).

This is just one of the examples of points of interest for patient-tourists. A trip to Crete can be connected with odontotherapy (www.treatmentabroad.com), a trip to Barcelona can be connected with in vitro fertilization (www.treatmentabroad.com) and a trip to Prague can be connected with bariatric surgery (www.treatmentabroad.com). There are professional companies that provide those services at increasingly lower prices and they combine tourist attractions with healing benefits.

In Poland, medical tourism is developing and gaining more and more popularity.

An outstanding factor is the price, which is relatively low, even though the quality of services is comparable with Western European countries. Other advantages of Polish hospitals is Poland's location in the center of Europe, relatively short waiting time for the treatment, excellent qualifications and skills of specialists, and a smaller and smaller language barrier due to the knowledge of foreign languages among the medical staff (www.ibirtm.pl).

The most frequent patients who are coming to Poland are citizens of Germany, Great Britain and Scandinavia, they are also citizens of the United States. The part of medicine which evolves so quickly and which foreign patients choose is stomatology. Dental services are about 50-80% cheaper in Poland than in a country where those patients live.

Most often there are implantology treatments and orthodontic treatment. Norwegians and Swedes are especially interested in orthodontic treatment because for them a travel to Poland and proper treatment is still cheaper option than carrying out similar treatment in their home country. Expect the price, the waiting time is very long. In Norway there is the shortage of specialist who deal with the orthodontics and that's why Norwegians choose a specialists from other country, this is the best way to avoid long queues to see a specialist. Orthodontic services for foreign patients are provided mainly by the facilities located in large urban centers such as Warsaw, Krakow and Wroclaw.

Besides stomatology, plastic surgery and orthopedics are becoming more and more popular. In plastic surgery, the most common are breast augmentation surgery or breast modelling surgery, otoplasty, rhinoplasty, liposuction. For patients from UK, the breast augmentation surgery is 3-4 times cheaper in Poland than a similar treatment in Great Britain (www.estheticon.pl, www.nhs.uk). Patients from Germany, Sweden and Russia often choose facilities in Gdańsk as a place for a simple surgery or orthopedic treatment. Foreign patients come for operations to remove varicose veins, to remove gallbladder or bariatric procedures. Americans often do the hip joint replacement or knee joint replacement in Poland, because the price for this kind of treatment in US is ten times more expensive than in Polish clinics. Then, the combined cost of transport and accommodation expense are still much more cost-effective than performing the procedure in the United States. Also vision correction surgeries are popular.

On the international arena, Poland is famous for its health resorts, sanatoriums and other places like that. The geographical location of Poland makes way to a calm rest by the seaside or more active recreation in the mountains. The most famous spa towns are Ciechocinek, Muszyna, Kołobrzeg, Sopot, Busko Zdroj, Polanica Zdroj, Wieniec Zdroj, Nałęczów, Krynica Zdroj and Szczawnica (Masłoń, 2022). They enable the course of physical and respiratory rehabilitation, rheumatic diseases and cardiovascular. The most important attraction in Ciechocinek are the famous brine graduation towers, which are combined with the possibility of performing treatments in the field of balneology, hydrotherapy, physiotherapy, thermotherapy, cryotherapy and massages as well as basic activities in the area Wellness&SPA. Balneotherapy allows to perform brine baths, compresses, inhalations and other therapeutic and care treatments. Medical aspects of staying in such centers is enriched with a typical tourist and entertainment offer, e.g. activities with yoga, concerts, meetings, sightseeing. All for patients-tourists from abroad it is so affordable that it has been attracting considerable interest for years (www.medi-tour.pl).

Increasingly popular are slimming camps or day case also known as minor operation including laser treatments, removal kidney stones, varicose veins, minor gynecological treatments and simple endoscopic procedures. One day there is an opportunity to operate an rooked nasal septum or tonsils, remove minor, superficial dermatological changes or perform

knee joint arthroscopy. All this can be combined with a typical tourist trip and focused on leisure and entertainment (www.medi-tour.pl).

The main reasons why patients decide to seek treatment abroad are economic issues. Treatments abroad are often cheaper and faster than in home country (Dalen, Alpert, 2019). Also in some countries access to the doctors is restricted. Mostly it is related to oncological and genetic diseases, mostly when the patient doesn't have more options in it's own country or even there's no way to diagnose more. Going abroad allows access to opinion of another specialist with a different technological and scientific background, also there is an access to the latest forms of therapy and modern clinical trials. For patients from Poland who deal with oncological diseases, some of those trips can be reimbursed by the National Health Fund. (www.meditravel.pl, www.fundacjarakiety.pl).

Although there is no big research connected with the risk for medical tourism, we can find some research which shows morbidity performed in centers outside the home country. Most of these studies were performed in smaller centers and there is no comparison with similar ones procedures performed on local patients. Often complications are not reported by patients, which further complicates the collection of detailed data. Complications are more common in less technologically advanced countries, where in hospitals, the technique of the procedure may differ in quality from modern hospitals. Despite the significant price attractiveness pose a high risk of perioperative infections and risk of postoperative wound dehiscence. These are mainly centers of Latin America and South, Africa, Middle East, India and Eastern Europe (McCrossan, Martin, Hill, 2021).

More frequent infections of postoperative wounds come from differences in antiseptics procedures during surgical procedures. An example can be a breast plastic surgery, where the wound is considered to be clean-contaminated by the presence of bacteria in the milk ducts of the gland. During the operation performed in specialized center, the procedure is accompanied by antibiotic prophylaxis. Higher level of infection rates in the less advanced centers suggests the lack of antibiotic prophylaxis or the lack of sterile surgical techniques. Implant explantation procedures are also often necessary breast, and the cause is usually purulent periprosthetic infections. In addition, exotic travels to countries which offers cheaper medical treatments exposes the tourist-patient to contact with hitherto unknown pathogens to which it may not have acquired immunity (Abdul-Rahman, Hassan, Abdou, Abdelmoaty, Saleh, Salem, 2023).

Also, a dangerous phenomenon is doing many medical services during one visit abroad, in the offered packages which are often cheaper. It increases the risk of thromboembolic complications. Long-lasting immobilization and also long air travel, which is common for treatment foreign conduce the risk of complications. This is a potentially life-threatening complication (McCrossan, Martin, Hill, 2021).

The conditions of postoperative care are also different. One of them is the language barrier, but also other procedures. Often, the procedure is already paid for before consultation with the surgeon, which causes that cases of treatment refusal are limited to a minimum and also

omitting minor contraindications to the treatment, which, however, increase the risk of perioperative and postoperative complications. Very often, the costs of caring for a patient are already transferred to the tourist's home country (McCrossan, Martin, Hill, 2021).

The quality of international benefits is ensured by accreditation systems for medical facility around the world. One of the most famous is Joint Commission International. Obtaining the appropriate accreditation informs the patient-tourist about the appropriate technological and scientific level of the hospital. Proper references attracts not only the sick but also specialists from all around the world who are gaining in this new territory for professional development. Inspectors from accreditation companies watch on the proper conduct of the administrative and medical activities in medical centers around the world. They assesses the level of patient care, mediation management (Chi, Yu, Qi, Xu, 2018), adherence to patient rights, prevention of post-treatment complications (including infection prevention), the quality of laboratory and other diagnostic tests and staff qualifications. Obtaining international accreditation provides potential patients about the level of services provided and the safety of entrusting their health to the hands of foreign experts (www.jointcommissioninternational.org).

4. Organisational aspects – discussion of trends and brief presentation of statutory regulations in this area

Health tourism is associated mainly with individual travel. The use of medical services is, after all, a very individual matter. However, it should be borne in mind that in this area there exists, for example, the concept of the so-called group therapy that also contributes to solving individual medical problems. Such therapy can be provided, for example, as part of organised travel, usually in the form of a travel package. Similarly, travel by organised groups of patients wishing to improve their health is becoming increasingly popular. Such patients can benefit also from the so-called group travel, which is the opposite of individual travel. The latter primarily concerns the organisation of trips by using multiple tourism service providers. A somewhat autonomous system is the use of so-called dynamic packaging i.e. linking of several travel services (Borek, 2018). Considering the two possibilities for organising health tourism trips we will discuss their organisational aspects and will comment on the statutory regulations in this respect.

We will begin with an analysis of linked travel arrangements i.e. at least two different types of travel services purchased for the purpose of the same trip or holiday, not constituting a package, resulting in the conclusion of separate contracts with the individual travel service providers (Borek, Zawistowska, 2020). A linked travel arrangement is established if a trader facilitates the purchase of travel services by travellers in one of the two systems discussed below with practical examples.

- 1) The linking of travel services takes place on the occasion of a single visit or contact with a point of sale with the possibility of selecting and paying separately for each travel service.

A visit to a point of sale is defined as a visit to a place where a travel service can be purchased. This place can have a clearly demarcated area as in the case of an immovable office, but it can also be a booking portal or a traditional website. If, as part of our visit, we have the opportunity to select services and pay separately for each of them, such a self-composed package will be a linked travel arrangement (Borek, 2022).

In practice, we most often purchase such packages through websites. For example, when entering a booking portal, in addition to the possibility of purchasing a medical service, e.g. from the area of aesthetic medicine, one has also the opportunity to purchase accommodation and car rental services (Borek, 2022). In such case, the customer has the opportunity to book a hotel service targeted at patients looking for a hotel facility near the hospital. The patient can make separate bookings and payments to individual operators on a single website. Thus, a linked travel arrangement is created, i.e. a travel product, in which each service provider is individually responsible for the quality of the services provided and their performance.

- 2) The linking of travel services takes place in a targeted manner, i.e. the purchase of a travel service entails the purchase of at least one additional travel service from another trader and a contract with such other trader is concluded at latest 24 hours after the confirmation of the booking of the first travel service (Borek, 2022).

Targeted facilitation can take place in connection with trade relationships which are often based on remuneration. In practice, this may involve an invitation to book a travel service following confirmation of the booking of the first service, e.g. a dental service. The additional travel service, for example hotel accommodation or car rental must be available at the selected travel destination. It is important that the invitation to use the additional service is generated not within the same point of sale but, for instance, by an additional link to the booking site of the other travel service provider or by a telephone contact (Borek, Zawistowska, 2021). The key aspect is that the facilitation has to be targeted, i.e. that the first trader suggests an action to the customer whose contact with the second trader can be significantly facilitated because the first service provider is aware of the customer's situation, e.g. the date of his/her stay, the customer's needs, etc. Such practice can take place both at immovable retail point with the additional contact facilitated e.g. by handing over an information brochure with the telephone number of another service provider, or as part of an online procedure. In the latter case, we are most often confronted with so-called pop-up windows which appear on a website and suggest us to conclude an additional contract for another travel service provided e.g. in the location where we are going to be hospitalised (Borek, Zawistowska, 2020). If such an additional contract is concluded within 24 hours of the confirmation of the booking of the first service, e.g. a dental service, a travel product is created in the form of linked travel

arrangements where each service provider is individually responsible for the quality of their services and their performance.

In turn, a travel package can be created in six different ways, presented below together with specific factual situations.

- 1) A travel package is created where travel services are combined by one trader, including at the request of or in accordance with the selection of the traveller, before a single contract for all the services is concluded.

A trader whose activity involves performing, on behalf of the traveller, the factual and legal acts connected with the conclusion of a travel contract, creates a travel package. A medical service connected by the trader with a flight service to the place of medical treatment as well as with accommodation service, prior to the conclusion of a contract covering the entire package, constitutes a travel package (Borek, Zawistowska, 2020).

- 2) The linking of services into a travel package is also effective when the services are purchased from a single point of sale and have been selected before the traveller has agreed to pay.

The example can be so-called dynamic packaging that results in a travel package. In practice, this involves the customer selecting several travel services before making an overall payment through a single sales office. A patient purchasing a medical service in combination with flights and accommodation, by selecting the services from a single website or a single immovable travel agency, leads to the creation by the trader of a travel package before making payment (Borek, 2022).

- 3) A travel package is also created if a product is offered or sold at an inclusive or total price covering all the services, or if one of the services prices is charged to the buyer.

An offer or contract of sale comprising a list of travel services covered by a single price is a travel package. An example is a classic travel package which can be a medical trip to a sanatorium, if the package includes medical treatment, transport and accommodation (Borek, Zawistowska, 2021).

- 4) The conclusion of a contract under which the traveller has been authorised to choose from among different types of travel services also results in the creation of a travel package.

A specific contract authorising the traveller to choose from among several different options may also concern medical services in combination with other travel services. By way of example only, it should be pointed out that the selection of an appropriate medical service may be made from among various forms of treatment offered under a single contract, which may additionally include a service of transport and accommodation close to the place where the medical treatment is carried out (Borek, Wyrwicz, 2019).

- 5) A travel product in the form of a travel package is also created when services are purchased from separate traders via linked online booking processes. It is important that, during these processes, the trader with whom the first contract is concluded transmits to the other trader or traders: the traveller's name, e-mail address and the payment details, and that the contract with this other trader or traders is concluded at the latest 24 hours after the confirmation of the booking of the first travel service (Borek, 2022).

The system described above applies exclusively to a procedure carried out by means of information and communication technology, i.e. remotely (Iandolo, Vito, Fulco, Loia, 2018). The system therefore concerns situations when a contract concluded with a traveller within an organised remote contract-conclusion system, without the simultaneous physical presence of the parties, with the use of one or more distance communication methods only until the conclusion of the contract. However, a sine qua non condition for the use of this form is the conclusion of a subsequent contract with the trader or traders within a maximum of 24 hours (Borek, Zawistowska, 2020). Many times, the conclusion of a subsequent contract is linked to the making of a payment made in a similar mode and time. Many global financial players are involved in the handling and programming of such most complex payments, whereby the payer details are transferred between service providers. The aforementioned ICT capabilities make the use of the described mode quite straightforward; unfortunately, it also seems quite easy to circumvent it by introducing an algorithm to conclude a contract beyond 24 hours.

However, a travel package or a linked travel arrangement may not be created under other conditions too. A travel package is not created despite the fulfilment of the conditions discussed above, where only one type of basic travel service (transport, accommodation or motor vehicle rental) is combined with one or more travel services which:

- 1) do not account for 25% of the value of the combination and are not advertised as, and do not otherwise represent, an essential feature of the combination, or
- 2) are selected and purchased only after the performance of the basic travel service has started (Borek, 2022).

The first of the aforementioned cases refers to the combination of, for example, a flight service from Warsaw to Chicago and back, worth 3000 \$, and an aesthetic medicine procedure performed in the USA worth 900 \$. The additional service, i.e. the aesthetic medicine treatment, added to the basic one, i.e. the flight, represents less than 25% of the total value of all travel services. To be precise, the value of the aesthetic medicine treatment is 23% of the total value. However, if, in the present case, another basic service, e.g. accommodation in Chicago, were to be added to the basic service, then regardless of its value, we would have a travel package or a linked travel arrangement, as two different types of basic travel services would be combined (Borek, 2022).

The second of the abovementioned exemptions relates to the situation where, for example, after the accommodation service provision has started, the customer purchases at the establishment a package of medical treatments for hotel guests including a comprehensive examination of body fat and cardiorespiratory fitness.

The examples discussed have shown that the organisational aspects in health tourism are based on travel products provided for in the legislation in the form of tourist packages and linked travel arrangements. The latter, although more individual in nature and used for an independent package formation, are always provided by a trader. It should be borne in mind that also this individual provider of medical services under the discussed conditions will be treated as a trader and should therefore expect appropriate organisational and legal consequences (Borek, 2019).

5. Conclusion

The presented analysis shows how important the field of law as well as medicine is in health tourism. In the face of two years of the COVID-19 pandemic and the health debt incurred (Cretu, Ho, 2023) by EU societies, medical tourism will become increasingly important. Whether the members of the societies of the EU Member States will become healthier or not depends solely on the availability and quality of health services. The article presented the growing importance of health tourism in the world and in Poland. Undoubtedly, the growing interest in destinations considered health-promoting and the related expenses influence the demand, which in turn influences the supply of the tourist and health product and the development of health-promoting tourist destinations. The work presented in the introduction, adequate to the analyzed one, was used research methods that allowed to demonstrate the truthfulness of the subjects hypotheses. Despite the lack of regulations that would directly regulate only those described in the dissertation, issues at both the national and EU level, as a subsidiary general regulations on travelers protection apply. However, it should be remembered that the views of the doctrine are complementary to the existing legal acts. The described topic is part of the new trends, is up-to-date and worth further research considerations.

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