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Medical Tourism in Curaçao

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Abstract

Purpose – The purpose of this article is to present a case study of medical tourism in Curaçao and to start to understand medical tourism in the Caribbean.

Methodology/Approach – The article is based on a literature review and analyses of several projects in the area of medical tourism in Curaçao.

Findings – Medical tourism is a viable option for the island, of Curaçao but the island should become a niche player.

Originality/value of paper – The paper contributes to a framework for medical tourism on a small Caribbean island.

Key words Medical Tourism, Knowledge Economy, Curaçao, Netherlands Antilles

Paper type Case study

Introduction

Medical Tourism is not new to the island of Curaçao. For decades local people have been traveling for medical reasons. For example, they may travel to Colombia, United States of America or the Netherlands to consult physicians. “Outsourcing of medical procedures is not new. For many years foreign citizens have travelled to the USA and the developed countries of Europe to seek improved medical care. More recently, citizens of developed countries, including the USA and Europe, have chosen to travel to less developed parts of the world for medical treatment, thereby bypassing services in their own communities” (Leahy, 2008)

Already in 1995 the World Bank published a study concerning the prospects for healthcare tourism in the Caribbean (Naaman, 2007).

The questions addressed in this article are:

- Is Medical Tourism feasible in Curaçao?
- What is a viable strategy for Curaçao?

Theoretical Framework

Medical tourism is also referred to as medical travel, health tourism or global healthcare. It is a term used to describe a fast growing practice of travelling across borders to get health care. It also refers negatively to the practice of healthcare providers travelling internationally to deliver healthcare.

Services typically provided are optional procedures as well as complex surgery. However, virtually every type of health care services is available, even psychiatry, alternative treatments and burial services. Supply and demand use informal channels of communication for connection and contract. This has a tendency to mean less legal or regulatory control at the risk of lesser quality and diminished customer protection.

Medical tourism is a spectrum reaching from wellness at the one extreme to rehabilitation at the other extreme. Medical tourism can also be categorized based on the criteria: client group, health service capacity required, duration of treatment.

	Wellness Care	Treatment	Rehabilitation
Client Group	<ul style="list-style-type: none"> * Upper middle to high income * Healthy * Low health risk * All ages 	<ul style="list-style-type: none"> * Upper middle to high income * Healthy enough to travel * Specific surgical or medical requirements * Variable health risk * Middle age to elderly 	<ul style="list-style-type: none"> * High income * Specific needs * Other health conditions * Low to medium health risk * Elderly * Substance abusers
Health Service Capacity Required	<ul style="list-style-type: none"> * Good primary care * Growing expectation for hospital services 	<ul style="list-style-type: none"> * Specialist skills needed for intervention and backup * Higher level of technology 	<ul style="list-style-type: none"> * Specialist skills * Primary care * More therapeutic intervention rather than medical
Duration	<ul style="list-style-type: none"> * Variable (determined by client) 	<ul style="list-style-type: none"> * Predictable * Shorter * Follow up variable 	<ul style="list-style-type: none"> * Longer * Variable (depending on client)

Table1: Medical tourism (Naaman, 2007; Chambers & McIntosh 2008)

Medical tourism is shaped by demand and supply. But the key drivers are the socioeconomic development and political developments in the developed world (Chambers & McIntosh, 2008). This means that the Caribbean islands are not the master of their destiny when it comes to medical tourism. Nonetheless, medical tourism projects are comparatively easier to finance than conventional tourism projects. This because the demand for the medical tourism product is less sensitive to sudden changes in the business environment. Costumers traveling for their health will make the trip at great expense.

Curaçao, a brief description

Curaçao, with an area of 444 square kilometres, is an autonomous country within the Kingdom of the Netherlands since October 10th, 2010 and is inhabited by approximately 142,180¹ inhabitants of over forty nationalities. It has three official languages, Dutch,

¹ [Curaçao Bureau of Statistics 2010](#)

Papiamentu and English. The Dutch Kingdom is currently made up of the Netherlands, Aruba, Curaçao and St. Maarten. Aruba, Curaçao and St. Maarten are Dutch overseas, self-governing countries in the Caribbean. Defence and foreign affairs are Kingdom responsibilities, while the people hold Dutch nationality and citizenship and have full mobility to the Netherlands. Bonaire, Saba and St. Eustatius are a sort of Dutch municipalities.

Curaçao is part of the Caribbean, an amazing part of the world shaped by influence from European civilization through colonization leaving a legacy of religion, culture, social structure and infrastructure, languages and dialects, political systems and administrations, in economics, race and ethnicity all adding up to vibrant and challenging Caribbean societies. These societies have a development of their own with a flavour of Dutch, Spanish, French and English legacy. However, they are all extremely creative societies (Duncan 2007).

Curaçao, as a Dutch Caribbean society, has passed through several transitions, from the pre-industrial era to the post-industrial era:

- Nomad society
- Agriculture colonial slave economy
- Industrial economy
- Information economy
- Knowledge economy and Creative economy (Covey, 2004, p. 13)

Medical tourism is an important part of the knowledge economy of Curaçao. “A medical university has been started on Curaçao, spearheading a new sector growth. Medical tourism including cosmetic surgery and implants is being planned by a group of entrepreneurs. Medical tourism is already underway in the fields of prostheses, dialysis and eye surgery and the Curaçao Sea Aquarium offers Dolphin Therapy. In Short, the medical field offers a number of opportunities that are in alignment with Curaçao's competitive advantages and development strategy.”
(<http://www.investcuracao.com/02b06.html>)

The existence of highly trained and sophisticated medical specialists in such a small place as Curaçao is very significant and rare (Naaman, 2007). This is the comparative advantage of Curaçao. To capitalize on this advantage the University of the Netherlands Antilles has proposed a Knowledge Zone or K-Zone. This K-Zone is already taking shape with the arrival of the IFE (school for nurses), the presence of the United Telecommunication Services (UTS) Training Center and the projection of a new hospital. In September 2010 the start of the School of Medicine of UNA was announced and preparations were started. On 10 September 2010 the UNA2020 vision was made public at the ceremony of the opening of the academic year 2010 – 2011. Before that a Memorandum of Understanding (MOU) with Caribbean Research and Management of Biodiversity (Carmabi)² was signed. The University has also developed an understanding

² www.carmabi.org

with Curaçao Airport Holding at one extreme, and at the other with Kura Hulanda³, a boutique hotel, museum, research centre and also, medical facility in the historical downtown part of the UNESCO World Heritage site. The zone will stretch from the airport city, including the new housing project of Wechi, right out to Otrobanda, part of the UNESCO World Heritage site. The K-Zone is a cluster of existing knowledge base projects seeking synergy by synchronizing efforts and connecting together.

In addition, to the vision, the factors that will bind the K-Zone together are connectivity and mobility. In this zone there is the best internet speed and connectivity available on the island and a special arrangement for public transportation is being worked on. To achieve this result, State Owned Enterprises will have to play a key role as corporate citizens and exhibit corporate social responsibility.

The UNA is at the center of the K-Zone, offering European accredited programs, and taking advantage of the role of Caribbean integrator at the crossroad of the Americas and Europe.

Cases of medical tourism in Curaçao

Several projects in the area of medical tourism have started. By analysing these projects it is possible to form a picture of what can be achieved in the area of medical tourism.

Dinah Veeris Botanical Garden

Years ago the eponymous school teacher started a botanical garden and started to study local medicinal plants. Her project became a big success in the local market and very soon it was discovered by the tourist industry. This makes her product part of medical tourism.

Sentro Ortofisiko Korsou (SOK)⁴

SOK is a pioneer in medical tourism in Curaçao. It was founded in 1988 and eventually in the 1990s started to offer its services online. Patients can book a vacation and leave the island after a vacation walking on state of the art prosthesis. When starting to offer these services SOK was confronted with marketing and branding issues and the fact that insurance companies in the United States did not recognize these services. Over time SOK redefined their market focussing more on the Caribbean market and had more success.

Curaçao Dolphin Therapy and Research Centre⁵

In 2004 the project offering dolphin therapy started. They treat around 400 patients annually with special needs, burnout or trauma, together with their families, from all over the world. As well as the dolphins, a multidisciplinary team of professionals is involved. Starting the project was not easy. Legislation was an issue and dealing with government bureaucracy was an obstacle. But especially environmental organizations protecting dolphins, protested against the project.

³ www.kurahulanda.com

⁴ www.sofk.com

⁵ www.curacaodolphintherapy.com

*Curaçao Dialyse Centrum*⁶

The center offers dialysis to patients. The center is located in the middle of a boutique hotel in the middle of Otrobanda, the UNESCO World Heritage Site. This project focuses on the Dutch market. In reality 80% of the patients are locals. This is a consequence due to the high incidence of kidney failure among locals, and the continuing lack of success in marketing.

*Curaçao Laser Institute (CLI)*⁷

The CLI is an ophthalmologist group that started in 2005 to offer laser eye surgery on the island. They have an alliance with peers in the Netherlands. The business model focuses on locals and Dutch patients, with a website in Dutch. It seems that the business model is not working as expected. The number of patients is lower than forecast.

*Jellinek*⁸

The Dutch Jellinek Clinic started a rehabilitation clinic on the island, focusing on the high end of the international market. For public relations reasons they assist local institutions supplying the lower end of the market. It is not known how successful they are.

*Joseph Cares*⁹

On October 1st, 2010 Joseph Cares (JC) officially opened. JC offers transportation for patients in wheelchairs. In a way this service complements the medical tourism product by offering transportation. The focus is on the European market, including Holland, Great Britain and the German speaking market. For this project, set up by a small foreign investor, starting the business was not easy. But in the end help was given by local officials to cut through the bureaucracy.

Ethical issues

There are ethical issues involved in medical tourism. These are often not addressed. Medical tourism reduces medical health to a commodity that can be bought, and therefore creates inequity between those who can pay for health and those who cannot. It denigrates human being to an object. For example, a woman in the slums of Mumbai rents her womb to carry the baby of a wealthy couple in the West.

Also there is concern about the quality of medical care and how to control quality (York, 2008).

Conclusions

Medical tourism has already arrived in Curaçao. It is a matter of developing a shared vision, government policy and regulations, quality inspection and promotion. "Growth in

⁶ www.curacao-dialysis.com

⁷ www.curacaolaserinstitute.com

⁸ www.jellinekretreat.nl

⁹ www.josephcares.com

medical tourism appears to be inevitable, and as with any consumer driven trend, it has both positive and negative aspects. In addition to, considering its impact on our own health systems, the colleges need to consider aspects of medical tourism that should concern them including continuing education, certification services and ethical issues, thereby helping to assure maximum patient safety.” (Leahy, 2008) As concluded by the World Bank report, for a small country as Curaçao it is required to focus on the development of certain niches (Naaman, 2007).

Opinion is divided when it comes to identifying the best niche for Curaçao. “The medical tourism offering should focus on health and well-being rather than on invasive surgical procedures, in which area the Caribbean cannot hope to compete with countries in Asia and Latin America.” (Chambers & McIntosh, 2008) In contrast with that view, however, “Such a concentration of highly specialized professionals, skills and expertise with regard to: Child Medicine, Cardiothoracic services, Oncology, Orthopedic Cluster and Ophthalmology is unique for the entire region. Other areas such as Regional oriented Medical Education, special Rehabilitation therapies for Rheumatic & Psoriasis patients (salted pans), Convalescence & Recovery support services for Seniors are also promising activities. It is important to emphasize that the proposed medical education cluster should not be instituted as a standard medical school, such as many in the region have already been established” (Naaman, 2007). The case of Curaçao is complex because both routes to future development are possible.

It currently looks as though it is easier for local business people to establish projects in this medical tourism field. Foreigners have difficulty finding their way in the bureaucracy. Branding and marketing is a challenge. Projects focusing on wellness are less problematic, because there are fewer issues with the quality control.

Naaman (2007) made several recommendations about the development of medical tourism in Curaçao:

- Governmental support measures can stimulate development;
- Adopting a clear, regionally-oriented strategy can generate additional international resources;
- Government efforts should be headed by the Department for Economic Affairs in conjunction with the Curaçao Tourism Board (CTB);
- The aim should be to develop a dedicated, professional and internationally-oriented platform (as a kind of one-stop-shop) which will continuously identify projects;
- Additional financial resources can be generated to fund the upgrading and investment activities of the main hospital.

Based on the current situation, it seems that the best way forward is for Curaçao to focus on wellness and only gradually to add more sophisticated medical tourism.

In relation to implementation, medical tourism is already established in Curaçao. To develop this further, real projects should be established and stakeholders should seek connection between projects and develop synergy. It is important to develop a shared

vision, government policy, quality inspection of the medical care sector and promotion abroad of the health care of the island. The K-Zone is not a plan; it is a vision and a reality. It already exists. The only thing needed is to embrace it and for everybody to do what is necessary. As Michelangelo said, “Just remove everything that does not look like the sculpture”. Or as one might say in this case, “Just connect the dots”.



The K-Zone of Curaçao

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