

**Medical Tourism Potentials and Prospects: The Case of  
TRNC**

**Benjamin Omeiza Osumeje**

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Prof. Dr. Serhan Çiftçiođlu  
Acting Director

I certify that this thesis satisfies the requirements as a thesis for the degree of Master of Science in Tourism Management.

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Prof. Dr. Hasan Kilic  
Dean, Faculty of Tourism

We certify that we have read this thesis and that in our opinion it is fully adequate in scope and quality as a thesis for the degree of Master of Science in Tourism Management.

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Prof. Dr.Habib Alipour  
Supervisor

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Examining Committee

1. Prof. Dr. Habib Alipour

2. Asst. Prof. Dr.M Guven Ardahan

3. Asst. Prof. Dr. Ilkay Yorganci Maloney

## ABSTRACT

This research looked into the possibility of TRNC becoming a leading destination in the Mediterranean region for medical tourism. Medical tourism is one of the potential part that have been overlooked and neglected in TRNC despite it's potential for a lucrative medical tourism. While Medical tourism has started gaining ground in other third world countries. This study has aimed to investigate and explore the potential and challenges of medical tourism in trnc for this purpose a qualitative research approach was applied and employed an indept interview have been uterlized based on non probability sampliing respondent within the Ministry of Tourism and Ministry of Health have been interviewed to further the spectrum of the research private clinics are also included , this study has also tried to interview some patients .the finding of the study at the end of this research that if the Government of TRNC can build a profitable medical tourism as it possess a reasonably medical infrastructure.However as the study revealed Government and private sector have been complacent and overlooked the potential of this type of Tourism.One of the study also revealed one of the main challenges facing officials is commitment to introduce and build TRNC as a destination for medical tourist.

**Keywords:**Medical Tourism, Potentials, Medical tourism challenges, organizational issues and TRNC.

## ÖZ

Tıbbi Turizm, Singapur, Taylant, Brazilya, Malazya ve Hindistan gibi 3. Dünya ülkelerinde zemin kazanmıştır. Bu ülkeler 3. Dünya fiyatlarıyla 1. Dünya mükemmelliği sunuyorlar. Dolayısı ile, daha çok turist celbederek ve daha fazla kalmalarını sağlayarak, bütün dünyadan turist kazanıyorlar. KKTC ekonomisi turizme yüksek düzeyde bağlıdır, ama zaman zaman bir kaç faktör sonucu Turizm`den gelebilecek yararların hepsinden faydalanamamıştır. Bu araştırma KKTC`in Akdeniz`de tıbbi turizmin öncül istikametine çevrilmesinin mümkünlüğünü araştırdı. Araştırma sonucu, KKTC hükümetinin artık Yakın Doğu Hastanesinin yapmış olduğı mükemmellik temelini yükselteceğı taktirde, onun yakın zamanda öncülüğü ele alacağı ortaya çıkmıştır. Bunun yanısıra, uygun fiyat meselesinin de ciddi tartışma konusu olması gerekmektedir.

## DEDICATION

*To my mother, who sacrificed her all to sustain my choice.*

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# TABLE OF CONTENTS

ABSTRACT.....	iii
DEDICATION.....	v
AKNOWLEDGEMENT.....	vii
LIST OF TABLES.....	ix
LIST OF FIGURES.....	x
1 INTRODUCTION.....	1
1.1 The need for a change.....	1
1.2 Aim/ Objectives.....	4
1.3 Justification of study.....	4
1.4 Methodology.....	6
1.5 Tentative time table.....	6
2 LITERATURE REVIEW.....	8
2.1 What is Medical Tourism?.....	8
2.2 Reasons Why People Travel For Medical Tourism.....	11
2.3 Some Developing Countries involved in Medical Tourism.....	13
2.3.1 Medical Tourism in India.....	13
2.3.2 Medical Tourism in Thailand.....	15
2.3.3 Medical tourism in Singapore.....	17
2.3.4 Medical tourism in Malaysia.....	20
2.3.5 Medical tourism in Brazil.....	21
3 TURKISH REPUBLIC OF NORTHERN CYPRUS.....	24
3.1 Geography and Location of North Cyprus (TRNC).....	24
3.2 The History of TRNC.....	24
3.2.1 The Growth of Enosis and Turkish Cypriot Reaction.....	26
3.2.2 The 1960 Accords.....	30

3.2.3 Turkish Cypriots under Siege .....	32
3.2.4 Attempts at a solution 1967-1974 .....	34
3.2.5 The military intervention in 1974 .....	35
3.2.6 The UN Negotiations .....	37
3.2.7 Recent developments .....	38
3.3 The Peopling of Turkish Republic of Northern Cyprus.....	39
3.4 Tourism in Turkish Republic of Northern Cyprus.....	41
3.5 Health Care in Turkish Republic of Northern Cyprus .....	49
<b>4 METHODOLOGY.....</b>	<b>51</b>
4.1 Research Methodology .....	51
4.2 Results and Analysis.....	55
4.2.1 What is Medical Tourism and Difference between Health Tourism .....	55
4.2.2 Why Sick Patients Travel and to Which Destination.....	56
4.2.3 Services Required by Medical Tourist and What TRNC Can Offer.....	57
4.2.4 The Role of the Government So Far in Medical Tourism .....	59
4.2.5 Quality of Medical Practitioners, Facilities, Structures and Educational Program in the Field of Medical Tourism.....	60
4.2.6 Challenges of Medical Tourism in TRNC and the Present Condition of TRNC..	61
4.2.7 Who are the Stakeholders in Medical Tourism.....	63
4.2.8 Cost and Marketing.....	64
4.2.8 Would Medical Tourism Succeed in TRNC? .....	66
4.2.9. Who Gains and Who Loses.....	67
4.3 Summary of Analysis.....	70
<b>5 DISCUSSION, SUMMARY AND RECOMMENDATION.....</b>	<b>72</b>
5.1 Discussion.....	72
5.2 Conclusion .....	77
5.3 Recommendation and Directions for Future Research .....	79

REFERENCES.....	81
APPENDICES.....	85
Appendix A: Survey questionnaires for medical tourism (MT) topic.....	86
Appendix B: Medical Practitiners, Specialization and Cities.....	88

## LIST OF TABLES

Table 1: Tentative timetable.....	6
Table 2: Price Comparism between Medical Procedures in the US and India.....	15
Table 3: Price Comparism between Medical Procedures in the US and Singapore...	19
Table 4: Table showing the growth of Tourism in TRNC.....	47
Table 5: Showing bed capacity and medical practitioners in TRNC.....	50
Table 6: Showing the result of the Qualitative Research. ....	71

## **LIST OF FIGURES**

Figure1: Showing Research procedure.....	55
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# Chapter 1

## INTRODUCTION

### 1.1 The need for a change

Islands have a history of been known as tourist destinations, many factors contributes to this conclusion such as, the physical setting, favorable climatic conditions, distance and tradition, these factors creates a certain appeal for tourist, and many Island have to a large extent a blinkered approach or parochialism, which enshrines ignorance or lack of interest in cultures or affairs of people outside its own experience but in a bid to fast track economic development as well as infrastructural many of Islands are forced to embrace tourism as a pathway to their development.

Sharply (2001) in his view about Tourism and Islands stated that dependence on tourism as a pathway to development is almost attainable in all Islands across the globe, to the extent that tourism receipt in over half of the Island states across the developed world is far higher than income generated through the export of tangible goods and services.

Sharply (2001) was quick to observe the over dependence of tourism in Island state on external factors, in his summation on this matter he observed that, the growth and strength of tourism in Island states is usually dependent upon external forces which as a way of affecting its development. Some of this forces or factors include historical links or colonial ties, the geographical location and distance to be covered

before getting to location, foreign airlines willingness to fly to that destination. But this does not represent a challenge that cannot be overcome, Cyprus also have been caught in this web, as a whole and North Cyprus in particular have overtime overcome this challenges just as the same way other Island states have done through time.

The separation of the Island in 1974 into two separate communities, put so much burden on tourism growth, the Greek Cypriots were experienced a faster growth this was evident by the reconstruction of new hotels in the South of Famagusta to serve as a replacement for the hotels in Varosha, this development spanned to most of the coastline of the Greek Cypriots area, this made the South a hub for tourist, this development took a form of holiday villages, five star hotels (Warner, 2010).

The development of Tourism in the North of Cyprus has been much slower in contrast to the speed experienced in the South, this has been attributed to many factors such as embargo placed on it by the international community, isolation which has made it difficult for many airlines to fly to that destination, this factors have overtime led to low patronage by tourist, many isolated coastlines is a common site in TRNC in at the peak of the summer season. Problems of this nature which is basically political, makes tourism growth and development very difficult, the possibility of fast economic development via the expansion of the tourism sector may be reduced.

Warner (2010) is of the view that countries that experience difficulty in marketing their tourism product or brand due to political issues of this nature should consider their product and consider a differentiation strategy, this will give it a unique

product, that visitors will make efforts to visit, this uniqueness should be such that outweighs the distance and expense of them getting there.

In an attempt to achieve diversification or an expansion of the tourism sector, it will be helpful for TRNC to consider the advice of Warner as a solution or a way of aiding the fast development of not just the Tourism sector but also economic sector. Though attempts have been made to diversify the sector into other areas such as educational tourism which has contributed immensely to the economy of TRNC with visitors from different countries of the globe, Ecotourism is also being promoted and other forms of tourism in Karpas and other areas of untouched natural beauties.

This research will be considering the possibilities and potential for the development of medical tourism as a unique brand that TRNC can develop to attract more tourists despite its political disadvantage.

Medical tourism until recently was not associated with the normal trends of tourism, (Cohen, 2006). Its paradoxical to place both words side by side, more like putting pleasure and pain side by side, at surface level it's the bringing together of two extremes.

On the surface, "medical tourism", a term unknown until a few years ago, sounds paradoxical. Indeed, it is hard to imagine a stronger polarity between two areas of social life, than that between tourism and hospitalization. Tourism, a voluntary leisure activity often perceived as a liminal reversal of everyday life (Graburn, 1977) and a time for hedonistic pleasure, free from obligations and external constraints, stands in sharp contrast to medical treatment and hospitalization. The two domains

seem to be fundamentally incompatible. While tourism is associated with freedom and pleasure, hospitalization evokes images of constraint and suffering. One does not visit a hospital unless one needs to.

Medical tourism has been defined by the world health organization as the Travel of people across borders to receive medical treatments, this movement have been instigated be the high cost of treatments in developed countries (Choe et al, 2001). The treatments traveled for ranges from Plastic Surgeries, to Dentistry and a whole lot more, some of the key drivers apart from cost of treatment is the quality, advanced technologies etc (WHO, 2013).

## **1.2 Aim and Objectives**

This research aims at studying the potential and possibilities of TRNC to expand its tourism industry into Medical Tourism and become and world's leading destination for this kind of tourism.

To achieve the above aim, the following objectives will be come along side.

- The current state of Tourism in TRNC will be studied.
- Secondly the current state of Medical care and practices in TRNC, will be researched into.
- Thirdly the facilities on ground to cater for the needs of the medical tourist and the quality of doctors and other care givers will be observed.

## **1.3 Justification of study**

Statistics and facts from the website of Patients without borders has it that the medical tourism market currently worth's about USD 38.5 -55 billion, will about eleven million patients across the world, this medical tourist spend nothing less that

USD 3,500-5,000 during each visit, this cost covers not only medical procedure but also feeding, transportation, accommodation and other related expenses.

It is estimated that in 2014 alone about 1,200,000 Americans travelled to other developing countries for different procedures. This market is growing by 15-25 % this growth can be attributed to the fact that the aging population is currently on the increase and there is a gross shortage of quality medical services to take care of this aging population.

Apart from the insufficient resources for taking care of the growing population is the high cost of different medical procedures in developed countries, long waiting list is another factor that push people out of their comfort zones to find wellness outside. Many Countries are already checking in on this disadvantage, mostly third world countries such as Singapore, Malaysia, Thailand, Brazil, Argentina, India etc. ([www.patientwithoutborders.com](http://www.patientwithoutborders.com)).

The inability for TRNC to gain tourist in very large numbers this may imply that mass tourism may not be a sport for TRNC to compete, it will be better to develop a unique brand that will be of a very high demand within the region, and it will gain a competitive advantage over other countries within the region (Warner, 2010). This research will be looking in the possibilities and potentials for TRNC to develop a niche market in Medical Tourism, which will pay a very high premium to the economy, building on its expertise, natural asset, and untouched natural environment, this has the tendency of making the political problem experienced by TRNC a blessing in disguise.

## 1.4 Methodology

This research will be qualitative in nature, this is because of its ability to deliver a real description of the way people perceive a given research issue, by so doing we get the real human side of the issues and it's usually or can be contradictory based on individuals opinions, believes, emotions, relationship. The Qualitative research method is also very important when trying to know concrete factors the likes of social cultural norms, socioeconomic status, religion, gender roles.

Qualitative research has the ability to make us have a detailed understanding of complex realities and also give us a more detailed interpretation of different phenomena's.

This research will be a qualitative research which will have among its tenants;

- In-depth Interviews, with a selected group of medical practitioners and several stakeholders in the Tourism industry.
- Observation of facilities and equipment's in hospitals that can cater for medical tourist in TRNC.
- Focus Group, this will involve discussions with stakeholders in the sphere of tourism and who have role to play in the development of medical tourism.
- After the data has been collected they will be transcribed.
- Findings deduced will be discussed and recommendations made.

## 1.5 Tentative time table

1 . Introduction and establishments of Aim and objective of the research.	2 weeks
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2. Literature Review and further readings,	3 weeks
3. Reflection on the Health industry in TRNC.	2 weeks
4. Visit to some Health Facilities in TRNC.	2 weeks.
5. Data collection, through discussion and in-depth Interviews on Tourism as alternative economic activity.	4 weeks
6. Analysis of Data and Discussion	2 weeks

## Chapter 2

### LITERATURE REVIEW

#### 2.1 What is Medical Tourism?

The advancement of technology and seamless flow of information has made globalization easier; medical tourism can be viewed as one of the off shoots of technological progress, (Deniz, Vincent and Song, 2011). The term Medical Tourism has very limited definitions, Connell (2013) was of the opinion that the term medical tourism definitions are limited. So knowing who medical tourists are and how many exist will be difficult to ascertain.

Many scholars have tried to give the term a meaning. New Medical in their website gave a definition by Tomislav Mestrovic to mean traveling out of one's country to receive medical treatment. While Gan and Fredrick (2011) are of the opinion that medical tourism could be said to be residents of a country in search of medical, dental and cosmetic surgeries from health care givers outside their country of residence. This definition went further to state the nature of medical treatment sort after by medical tourist.

While the Association of Medical Tourism on their website defined medical tourism as individuals traveling from their home country to receive medical treatment abroad. This can be because of the quality and cheaper cost. A unique definition is that of Connell (2006), who is of the opinion that medical tourism is the international travel

solely linked to medical attention with a substantial outcome in view. (Connell (2013) cited Heung et al., 2010), they are of similar perspective to meaning that medical tourism is a holiday that involves traveling abroad to receive a wide range of medical services. It usually includes leisure, fun and relaxation activities, as well as wellness and health-care service. This definition surely encompasses what other authors have postulated medical tourism to be and provided us with a broader scope of medical tourism.

Other authors also defined medical tourism as an economic activity that entails trade in service and reflects a coming together of two sectors: namely medicine and tourism (Bookman, M and Bookman. P, 2007). This definition clearly specifies medical tourism as a service industry that has economic implications.

Before going any further, a good understanding of the root words that are medical and Tourism will avail me a better understanding of the definitions. First and foremost Medical or Medicine, Medical, the Webster dictionary defines medical as relating to the practice of medicine, it further gave another definition to mean “an examination to assess a person’s state of health fitness, and Medicine was defined as a field of inquiry into with the sustenance of health and the prevention, alleviation, or cure of diseases, so medicine has to do with restoring health, while tourism, on the other hand, has been defined by the "World Tourism Organization" Tourism to mean a socio-cultural and economic activity which involves the movement of people to areas outside their usual environment for personal, business or professional purposes, with understanding the various definitions will be more appreciated.

It's been so long in the discussion of medical tourism that was limited to a form of "health tourism", or a subset of that of it (Yunyu Gyouko, 2012). Medical tourism was assumed to be another name for health tourism, as stated by (Vincent, Deniz and Song 2011). But Cornell (2006) gave a difference between the two implying that medical tourism is the most appropriate term to be used in cases in which medical interventions are required.

Another critical issue that has been raised by many pieces of literature which is also worthy of note is the clear distinction between medical tourism and medical travel. To clarify these terms (Connell, J. as cited in Cohen. 2008) in his attempt to differentiate or clarify this concept gave a proper breakdown of what they entail, from his four broad classifications we can gain insight.

Medicated Tourist, is one who is took ill or was involved in an accident during his or her visit to a foreign country, while Medical tourist proper, is one who travels to a country for medical purposes and will decide on the procedure upon arrival. Vacationing Patient is one who travels to a country for medical purposes and uses the lots of time to stay back and enjoy his or her stay.

Finally, a Mere patient is one who travels to a country for solely medical purpose without any intention to stay back. They are usually inclined to less serious cases as compared to others, but Cornell (2013) is of the view that the content rather than the procedure should be the basis of comparing. Using the above classification by Cohen, Cornell was of the opinion that the main focus of medical tourism is the medical tourist and the vacationing patient, his judgment was reached based on basis for comparison was content not procedure.

Cohen (2008) identified two factors that helped the demand of medical tourism; they are commodification and globalization. He defined commodification as a form of market-based on competition and not just based on the uniqueness of a product. For example, in Thailand has always been known for its herbal medicines and massage treatment that was unique to Thailand alone, but this aspect was to them not an economic venture for them to benefit from. Until this brand was fully developed, and the financial equation put into it before they started enjoying the economic benefit and started to sell it to the outside world as their unique brand.

Globalization is the second factor attributed to having contributed to the development of medical tourism. Globalization has spanned to cover even developing economies resulting in the transfer of goods and services, labour, capital, information technology and flow, professional training and development, has contributed immensely to the development of medical tourism. Globalization made it possible for third world countries to gain access and control of excellent medical practices and expertise as those in the developed West. Another factor that has contributed to the development of medical tourism is the cheap prices of air transportation around the world.

## **2.2 Reasons Why People Travel for Medical Tourism**

In recent times the preferences of people have changed, even those in the developed countries no longer seek medical care at home but move abroad. Those who travel all the way to the developed west now get the same medical services at cheaper prices in other third world or developing countries. The push factor for those from developed countries includes, the increasing cost of medical treatment and the alternatives are also very expensive (Connel,2006).

The varying price differences in medical procedures between Asian countries and the developed West is high. For example, a hole in the heart surgery in the US cost like \$70,000 while in India it can cost around \$44,000. While an open heart surgery in the US and Britain ranges from \$70,000-\$150,000 while in India the same procedure will range from \$3,000 to \$10,000, dependent on the complications.

The cost of medical procedures in India has given the Country a favourable advantage over other countries. Thailand is another good example of cheap prices for Medical procedures, the cost of medical procedures such as liposuction and breast enlargement is fifth the price of that offered in Germany (Cornell,2006).

In addition to this factor is the long wait time, many patients don't have the luxury that come with time to wait that long (Connel,2013). Cost and long wait time are not the only push factor, Charles Runckel (2007) emphasized on service quality, he is of the opinion that patients have value for high quality service, which are offered in many developing countries like India and its pairs, compared to the US and other European Countries, in the developing countries they have a good amount of well trained nurses that tend to the needs of patients unlike the US and Europe where orderlies attend to the needs of patients, also in the developed world patients are not escorted around for their medical appointments or to get drugs but in the new medical hubs developing around the world the tourist is guaranteed to be escorted.

In the United States, many of the doctors have so many appointments, so they do not have sufficient time for their patients, unlike in the developing world where many trained doctors are around and willing to give their patients the maximum time

required and even more. Upon discharge, many patients are treated as a family, and the billing system is so friendly to the patients.

Among other reasons why people travel for medical procedures abroad is because of the anonymity that comes along with some medical procedures. Among which are sex change, this procedure is also carried out in Thailand. Patients may require a great deal of anonymity, areas like that can offer the recovering patient sufficient time to recover, also time to fully consolidate into the new personality, that will be better in a faraway quality daily life.

Apart from the hidden identity patients often need time to be able to recover after complex surgeries. Traveling far away gives the some patients the opportunity to enjoy some procedures not available at home. For example, abortion, in many countries in the world this procedure is not permitted but in many of the developing countries they are (Connell, 2006).

## **2.3 Some Developing Countries Involved In Medical Tourism**

### **2.3.1 Medical Tourism in India**

India has today become one of the world's leading destinations in medical tourism, Gupta (2008). The country has since recently been remarked as the contemporary global center for medical tourism, in its promotional campaigns it shows cases its expertise in Ayurvedic therapy, coronary bypass and plastic or cosmetic surgery (Connell,2006).

Medical tourism is expected to develop at the rate of 30% a year and is expected to raise revenue of about over Rs.100 billion by 2012 (Vinod, Makkaleger.2014). Gupta

(2008) outlined four reasons for India's recent unprecedented success in Medical tourism to include:

- Quality of facilities
- Competent English speaking medical practitioners
- Cost effective
- Government support

In respect to facilities and treatment can be characterized by advanced diagnostic facilities, surgery quality.

In regards to competent English speaking medical practitioners, India has English as her second language. Health care in India is catering to a large segment of the international traveler. Teaching in medical schools around India is via the English language as a medium. This has enabled nurses to be able to communicate extremely well with international visitors (Sammita. Et'al, 2014 as sited in Sharma, 2013) this has given India an edge over other countries practicing medical tourism in that region.

The cost of quality medical services in India is a lot cheaper than when compared to other countries will exactly the same facilities and reconcilable success rates with competent doctors. Vinod et al. in their article "Medical Tourism Scenario in India" gave the following cost variation between India and the USA.

Table 2: Comparative Procedure Charges in India & US (US\$)

Procedure	Prices in the US (USD)	Prices in India(USD)
Bone marrow transplant	250,000	69,000
Liver transplant	300,000	69,000
Heart Surgery	30,000	8,000
Orthopedic Surgery	20,000	6,000
Cataract Surgery	2,000	1,250

The table is a complete reflection of cost variation in treatment, it shows that India offers quality for a more cheaper price than the US.

The Government of India is in support of the development of the Medical Tourism sector. This reality was captured by Gupta (2008) in a phrase “promoted by Government and fuelled by co-operating boom in the health care industry”. This has been achieved by the government developing a good and favourable framework for medical tourism to strive. A current example of Governments involvement in the Medical Tourism sector is the case of Karnataka Government, where plans are already on ground to develop two mega health and heritage site. This will welcome investment from the private sector, a health city has been proposed with an airport to service that city (Sambarani, et al. .2014).

### **2.3.2 Medical Tourism in Thailand**

Thailand is one of the developing countries actively engaged in medical tourism, Thailand has flourished in the medical tourism owing to the expensive cost of treatment in the US and other European countries. The giant strides of the medical tourism in Thailand is not solely because of the affordable prices, but also because of

the high quality of treatments available. Thailand discovered a unique way of developing hotel-hospital (Cohen,2008). This can be viewed as a blend between obtaining medical service and enjoying a pleasant tourist experience it can also be seen as a term that refers to a high-class combination of hospital services and also hospitality services like hotel experiences that are meant to be pleasurable. Thailand launched into the medical tourism industry in the 1970's though it was not known as medical tourism. This success can be attributed to the increasing demand for plastic surgery in the West and the cheaper alternative abroad with the same quality, but the sector has expanded to other areas of medicine. Rapid development in the Medical Tourism sector was introduced by the Employment of experts by newly established hospitals who sort after professionals from the western world. These experts who were the best in their fields and had a rich reputation played a good pioneering role in the development of the sector.

Two major events led or contributed immensely to the development of Medical Tourism in Thailand, one of which is the September eleven (9/11) attack on the US which introduced a change in the US foreign policy, this change made it difficult for patients from the Arab world to gain entrance to the US for treatment most of them had no option than to go to Thailand a country within their region that offered equal quality. Thailand also stepped up their game with the training of their staff members to speak Arabic, which made it easier for them to relate to patients from the Arab world. Also, the provision of food suitable to the believe system of the Arabians called Hallel (Ara.2011).

Secondly the Tsunami exposed the Country, and it's excellent medical practices to the world as the world had the opportunity to see how the Country tried to handle and manage the high number of casualties from the Tsunami. (Cohen.2008)

Another key factor for the development of the medical tourism sector in Thailand is the promotional campaign been undertaken by the campaigning colouring Thailand as an amazing destination, having Hotels, spas, pristine beaches wonderful medical facilities as it's major highlights, this was appealing to the wider world, this was along the aim of the Government to turn the region or country to a major Tourist destination. (Cohen.2008 cited Russell 2006)

So many medical procedures are undertaken in Thailand some of which includes Plastic surgery that has become one of their high points, cosmetic surgery, cardiac surgery, fertility treatment, Orthopedic treatment. Etc.

### **2.3.3 Medical tourism in Singapore**

Singapore today is rated amongst the best countries for medical tourism. The reputation for excellence in medical Tourism was affirmed with her reception of the WHO (World Health Organization) award in 1997 placing the country in an amiable sixth position and best in Asia. In addition to this, many private hospitals have won international recognition from the western world because of their excellence in the field of medicine. These successes can be traced to the fact that it the sector gained unalloyed support from the Government of the country.

The Government of Singapore recently launched the "UNIQUELY SINGAPORE" campaign through the Singapore Tourism Board(STB), with the aim of earning thirty billion Singaporean dollar and seventeen million visitors at the end of 2015 a race

which began in 2005. Singapore chooses to pursue quality instead of price and monetary gains, and that's why today it boast of been the first country in the Asian region to perform a heart transplant and Siamese twin separation. (Connel,2006).

The success of the Medical Tourism in Singapore can be attributed the government total support for the sector. The ranking of Singapore as number six in the world speaks volumes about its quality health care, consumers experience is also a key indicator. The Survey conducted by the Ministry of Health to measure patients' satisfaction. The survey revealed that 75% were with medical procedures and services, 90% of the respondent will recommend Singapore to potential medical tourist. Adding up this assertion with the WHO award in 2000 as the number six in the world with respect to general performance, by comparison the US came 37, the United Kingdom 18 and Japan 10. The success of medical tourism in Singapore also rest on it continuous training and retraining of its doctors in various specializations in and outside Singapore.

In addition to the excellent medical service delivery, Singapore also developed solid instructors that cater for healthy living such as cheap mass transit system, fresh food market and vegetables and state owned and financed fitness and wellness Centre's.

Lastly, Singapore is one of the world's leading destinations in Medical Tourism because of the cheap cost of treatment when compared with other western countries, the table below shows the price differences.

Table 3: Table showing prices comparison for medical procedures in the US and Singapore.

Medical Procedure	Prices in the US (USD)	Prices in Singapore(USD)
Hip replacement and resurfacing.	50,000	9,000 -14,000
Knee replacement	45,000	8,000-13,000
CABG (heart bypass)	100,000	8,000-14,000
Heart valve replacement	125,000	9,500-14,000
Heart pacemaker or defibrillator	60,000	6,000-11,000
PTCA(angioplasty)with stent	70,000	6,000-12,500
Spinal fusion	75,000	7,000-13,000
Gasteric bypass	45,000	10,500-15,000
Laparoscopic surgeries	20,000-60,000	3,500-11,000

Source: CABG, coronary artery bypass surgery. PTCA, coronary artery angioplasty (John Cornell.2009).

### **2.3.4 Medical tourism in Malaysia**

The Travel Market Report in their website ([www.travelmarketreport.com](http://www.travelmarketreport.com)) referred to Malaysia as an emerging Medical Tourism destination and it's becoming one of the region most developing segment and all hands are on deck to develop this market. Malaysia from its natural environment comprised of blue skies, tropical jungles, mountains and hills characterized the country to be a paradise of wellness for Medical tourism in Malaysia today.

Available information at our disposal suggest to us that the number of foreign patients is on the increasing trend, with eight hospitals recording 197 percent increase in revenue from 1989 to 2001 and the following year witnessed a rise (Heng, 2007 as cited in MOTT 2002b:108). Services in demand include coronary heart disease, plastic surgery, hip and knee replacement, dental implant, cardiothoracic surgery, orthopedics, cosmetic surgery, etc.

In an attempt to develop the Medical Tourism sector the Government of Malaysia, pursued quality and that was the sole aim of the industry, to achieve quality for a start thirty five (35) private hospitals were chosen from the 220 hospitals available. The selected 35 were meant solely for medical tourism purposes. In an attempt to drive home quality and institutionalize it private hospitals are still been encouraged to get accreditation from the Government. John Hopkins University Medical Centre and Great Ormond Street Children Hospital are used as quality benchmarks.

The Malaysian Government provides tax incentives (in a form of exemptions) as a move towards encouraging the development of health care. They cover areas of building, procurement of medical facilities and equipment, pre-employment training

(reduction in the cost of training medical personnel's) Promotional activities and the use of the internet. A move presently been pursued by the Government is the reduction of tax charged to patients by 5 percent (Hang,2007.cited MOTT 2002b:110). Also, the promotion of advertisements as a way of marketing, prior to this time advertisements of medical services were prohibited.

Some corporate strategies were pursued among which is the creation of a link or links to merge Medical Centre's to provide holiday packages that combine hotel services together with medical check-ups. (Heng,2007 cited Wong 2003), The Citadel Mid Valley Hotel in Kuala Lumpur, The Bonlevard St Giles Premier Hotel are examples.

Another strategy for the development of medical tourism Malaysia put in place is it strengthening its image as a Muslim State, this meant meals approved by Islam will be served or provided, and there will be freedom of worship. This moves attracted the attention of similar states around the region such as Bangladesh, Brunei and the Middle East (Heng, 2007).

### **2.3.5 Medical tourism in Brazil**

Brazil has become a top destination for medical tourism.(Edmonds,2011).Brazil has been hailed as the champion in plastic surgery , and it has widely been claimed that Brazil has a higher per capita rates of plastic surgery procedures than the United States and Europe (Edmond,2011 cited Pinheiro 2007). So many reasons account for Brazil's ongoing success in Medical Tourism. To start with, the Price of a medical procedure is far cheaper than can be obtained in the developed West a draw factor for many tourists.

A good number of recipients have attributed the success of Brazil's medical tourism to the human warmth of surgeons, Brazilian surgeons have been remarked to'' have a very sensitive feeling for aesthetics and leave almost invisible scars''(Edmond,2011), such remarks in marketing campaigns have helped Brazilian surgeons to win clients from far and wide, it's been reported that the number of recipients for the cosmetic surgery in Brazil has tripled since 2003, this is in respect of the quality of medical procedures.

Another factor instrumental to the development of the sector is the artisanal nature of the practice (Edmond, 2011). This is based on apprenticeship with some who has been in the practice for a long time, this is prevalent in Brazil a single doctor or a master in a field can train several generations of upcoming surgeons, thereby allowing for the transfer of specialty.

This new trainee or resident doctor have the opportunity to learn in public hospitals where the cost of performing a plastic surgery has been made very cheap by the Government and other NGO's this is to allow the poorest of the poor have access to the plastic surgery, this sole act has made many troop in for the procedure thereby giving trainees the opportunity to learn and try new procedures that come out really fine. The generosity of the Government and other NGO's in providing subsidies for procedures have made Brazilian doctors acquire skills that will make them competent in the international community.

The above-mentioned countries though have recorded successes with proven track records, still have the problem of convincing foreigner to leave their country of origin to come over to a third world country for medical treatment, so they have to

engage in rigorous marketing campaigns (Connell, 2006). Intending tourist depends largely on word of mouth experience of a third party who has had similar experiences (Vivien, et al.2012).

Some critics of medical tourism have put up a good argument against the fact that many countries involved in the Medical tourism business put up their best doctors in the best hospital for the tourist own good and leave out the not to the right doctors in the smaller hospital for the poor masses, and to them this is not social justice.(Runckel,2007), but medical tourism, in general, have allowed middle many middle-class citizens from the developing countries to receive treatments fits for the wealthy in the developed west. This action improves the quality.

The successes recorded by many developing countries have spurred their pairs into action and many developing countries are also looking at ways to come into the arena, in this work I will be considering the possibility of TRNC to join the league of those countries contributing immensely to mankind.

## **Chapter 3**

### **TURKISH REPUBLIC OF NORTHERN CYPRUS**

#### **3.1 Geography and Location of North Cyprus (TRNC)**

Cyprus can be found in the Mediterranean region and its claimed to be the third biggest in the Mediterranean Sea after Sicily and Sardina, it can be located to the West of the Middle East, South of Turkey and North of Africa. The Island is filled with mountains and plains that encompass the Masuria. TRNC can be found in the Northern part of Cyprus and lies along a cross point of 35 degrees north of the latitude and 33 degrees East of the longitude, with an area coverage of 3,355 kilometres square.

#### **3.2 The History of TRNC**

In having to talk about the history of TRNC, it will be difficult to tell the story without talking about the history of Cyprus itself before the division in 1974 into Northern and Southern Cyprus and the events that necessitated this separation. We need to have a broad view of the History of Cyprus and the conflict.

To start with, Cyprus was colonized around thirteen century BC by the Aegean. Phoenicians also inhabited the Island three centuries later, but the Greek language and culture prevailed despite many invasions and periods of foreign rule. One of the empires that were difficult to dislodge was the Persian, but they later suffered defeat in the hands of Alexander the Great and that brought the region finally under the Hellenic World.

During the early years, the ethnic composition of Cyprus must have been mixed. Though Greek language and culture was dominant and reigned for many years of Frankish Lusignan and Later Venetian rule this was after the defeat in 1191 of the last Byzantine ruler, Isaac Comnenus by Richard 1 of England. A system of feudalism that was practiced in the West was imposed on the Island by the Lusignan dynasty and majority of the inhabitants of the island became more like serfs.

At this stage, the Latin Church was fully in charge but the Greek Orthodox Church found a way to survive. From 1489 the rulership of the Island came under the Venetians, whose rule initially was severe but in the course of time became lighter and more tolerant. For the Venetian the Island was basically for business and trading purpose and also a military watch point against the Ottomans. In 1571, the Ottomans invaded the Island and took absolute control of Nicosia and Famagusta this led to the capture of the Island.

This capture of the Island by the Ottomans brought joy to the people primarily because the feudal and serfdom was abolished with immediate effect. This change of guard was of far-reaching benefit to the people in comparison to others that came before. The new leadership meant a complete break away from the west and links. Secondly and of greater importance was that Ottomans aim and policies, was geared towards colonizing the Island and ruling it. To achieve their aim artisans and peasants were brought in from Turkey, and they settled them in choice parts of the Island except the Troodos Mountain. Every land formerly owned by the Latin occupants were taken over, the newcomers formed a good majority of the population. Thirdly which is worthy of note is the way the Ottomans treated their Christian subjects, they were majorly Greek Orthodox community as a self-governing religious

or millets. This manner was the way it was practiced in the Ottoman Empire. This led to the improvement of the leadership of the of the Orthodox clergy, because they were held responsible for the for the welfare of the followers of their faith. This style of leadership is still prevalent even till modern day democracy.

During the Ottoman Empire, the Greek and Turkish population lived side by side in separate villages, or the villages were separated into two and hardly any opportunity for mixing or intermarriage. Both cultures and tradition strived side by side. Ethnic differences where insignificant and not marked because since the Turkish colonization of Anatolia brought about the immediate inclusion into Islam, and into the general Turkish population of many former occupants not excluding Greeks.

The Greek and the Turkish population in Cyprus enjoyed peaceful coexistence had shared the same plight of the tough system of administration of their Ottoman rulers. In 1821, there was a conflict between the leaders of the Greek Cypriot community and the Ottoman leadership; it was during this period that the Greek Cypriots were seeking for independence from the Ottoman rule. The Ottoman leadership accused the leadership of the Greek Cypriots who was headed by the Archbishop of the Orthodox Church of planning a rebellion in favor of the Greek mainland, for that reason the leader and other prelates and some laymen were executed.

### **3.2.1 The Growth of Enosis and Turkish Cypriot Reaction**

The Greeks triumph in their war of independence was led to the development of Hellenism among the Greek Cypriots. The eventual handing over of the Island to Britain in 1878 led to raised hopes amongst the Cypriots that the liberal Britain will help them in fulfilling their ambition as they did help the main land Greeks.

This hopes were heightened by President Winston Churchill Enosis which was a movement aimed at unifying Greece with Cyprus, this was already a lingering truth that only needed time, and the Greek Cypriots were in full support if this. Greece was promised that it can take over Cyprus if she takes up arms against Bulgaria a plum offer that she refused.

The urge to unite with Greece grew stronger during the nineteenth and twentieth centuries. The Turkish Cypriots gazed with suspicion finding themselves been relegated to playing the roles of mostly peasants and bureaucratic minority all under the control of the British administration. They were despised mostly by commercially and dynamic minded Greek Cypriot, who's Greekness remained the delight of the British administrators. After the end of the First World War, Britain annexed Cyprus.

A good number of Turkish Cypriots left back to Turkey. Those left behind or who stayed back came to the realization that they do not have the freedom to manage their affairs unlike the Greek Cypriot. Things started to change as a result of the fact that the Greek Cypriots started to cross their bounds in their relationships with the British by continually demanding for unification with Greece. At that time, that was not in agreements with the agenda of the British imperial defense in the Eastern Mediterranean. The clamor for enosis increased and this birthed a riot in 1931 that witnessed the burning and destruction of Governments property. This led to a move to reduce the freedom of the people, but the clamor for enosis still gathered momentum.

The development of a vibrant left wing communist-led movement in Cyprus clamor for enosis heightened this clamor came at the end of the war. Until the left in Greece suffered a defeat in 1951, the unification was more pleasant to the Cypriot left than was later the case, at that time the leadership of the church could no longer be challenged. Much later after the World War, a new Government made up of the Labour party considered the plea of the Greek Cypriots to be unified with Greece and be independent with self-determination but their sympathy was not sufficient enough to permit Britain to grant her request.

Notwithstanding a formal request was still made to Labour Government to transfer the colony to Greece, but this request still fell on deaf ears. The United States came into the equation when the fear of communist rule in Greece had been eliminated and stood for enosis, US and Greece started to lobbying this strengthened Americas foreign policy. Greece also started pushing for the self determination of the island at the end of the civil war and also for enosis.

In the early fifty's the Conservative Government in Britain started seeing Cyprus in a new light. They saw the Island strategically to its interest in the Middle East, the Island will help her protect and watch over her interest properly for that reason they resisted enosis and self- determination. In that same light they resisted the war waged against them by the National Organization of Cyprus Fighters (EOKA) in 1955, the group had George Grivas as their leader and condoned by Archbishop Makarios. The movement was practically defeated by the British under Sir John Hardin, and the Archbishop Makarios was exiled to Seychelles.

In 1956, an offer for a degree of self- government was made to the Greek Cypriots by the British (Radcliffe). This offer was not accepted because initially their demand for self- determination was also turned down by Britain. What was also coming to the Greek Cypriots as a shocker was a statement by the Colonial Secretary, Lennox Boyd. He opined that any offer made to the Greek Cypriots should also be extended to the Turkish Cypriots. He said they also should have the right for self- determination so they can determine their future status; this was a great shocker to the Greek Cypriots.

The British Government was increasingly encouraging a progressive Turkish concern about the Island; this was first expressed to the British in 1949. The Turkish Cypriots had been worried about the planned enosis this concern was expressed by street protest in Nicosia by two groups, the National Unity Party and the Turkish Resistance Organization with Dr Fazul Kucuk. All the activities were recorded and reported in mainland Turkish press, that was the beginning of Turkish Government interest in Cyprus because emphasis were made continually about the importance of Cyprus to Turkey. This led to a wide street protest in Ankara against Enosis.

The Turkish Government was satisfied with the British Government control of the Island, but doubted the will of the British Government to maintain control of the Island for so long. For reason such as, EOKA attack on the British in 1955. The pressure by the Greece Government on the UN General Assembly and the Greek support of Greek Cypriots demand for self- determination and Enosis all this events made the Turkish Government doubt the willingness of the British Government to maintain control of the Island. So the Turkish Government started to support street campaigns in Istanbul they were anti-Greek. But this did not provide any solution to

the problem. Hostility towards the Turkish Cypriots now developed among the Greek Cypriots. Turkey started to request for the Island to be returned to her if Britain was leaving it, or the Island should be divided.

### **3.2.2 The 1960 Accords**

Britain then came up with some solutions, which included a plan to introduce a degree of self- government, a measure of separation known as Taksim and no concession to Enosis. The participation of the two Governments the Greeks and the Turkish Government was encouraged. The British Government discovered that what they needed was a base in Cyprus and not Cyprus as a base, this realization came in the late 1950's.

The new agreement by the British which was then called the MacMillan plan did not go down well with the Greek Cypriots the fact that the Turkish Cypriots will now have a say and a representation in the Government. With this new reality, they pressed for independence with enosis. Britain felt that this would not work while Turkey felt that that will leave the Turkish Cypriots to exposed, and Grivas from his view was of the opinion that in the long run that will lead to enosis.

In the turn of events, Turkey accepted the call for independence on the ground that the Turkish Cypriots will be given full and equal representation in Government. Britain accepted since its only interest as at then was having its military bases on the island, and then the Greeks and Turks were given the responsibility of framing a constitution for a workable state with the help of Britain. The Cypriots both from the Greek and Turkish side were in support of the settlement move by the details and essentials not framed by them.

The three countries in charge of the Island Turkey, Greece and Britain agreed on a settlement later in future but with a guarantee that it will happen, and rights were given to Turkey and Greek to intervene in any effort geared towards reaching a settlement. An unalterable constitution was handed over to the new state with both communities having the prerogative right to amend the Constitution if they so wish to. The new bi-communal state was called a Republic. Only Britain enjoyed a sovereign privilege over the Greek and Turkish Cypriots areas, and Taksim and Enosis were banned.

The Greek Cypriots have since 1960 accord held the opinion that it was forced on them, not of their will and they also hold that they would have allowed them who were the majority to rule the Island because the Turkish Cypriots were only eighteen percent of the entire population, so they were a minority. There was also a disagreement about the anti-imperialist structure in the Greek Cypriots politics that Britain can still run its Military Bases.

A good number of Greek Cypriots were of the opinion that Britain operated a divide and rule policy on the Island, putting the two communities as logger heads with each other. Truth be told the Turkish Cypriots were in support of the moves made by Britain, but to understand this support that Britain enjoyed from the Turkish Cypriots and their request or demands we have to have a good understanding of the role Turkey played, which was in line with its national interest.

The new constitution that was handed over was complicated and properly balanced allowing for empathy from the two sides, but in practice it did not exist suspicions echoed from both sides. Some notable conflicts arose from both quarters such as

the continuous demand by the Turkish Cypriots to control the separate municipalities in the five major cities. As stated in the constitution, secondly the thirty percent employment slots in the civil service for the Turkish Cypriot.

The non-acceptance of the Turkish Vice President from foreign affairs and over mixed or a separate military, also conflicts on taxes. For this reasons Makarios came up and pushed for an amendment to the constitution giving room for limited privileges for the Turkish Cypriots reducing their gains to only minority rights, this move was not accepted by Turkey and the Turkish Cypriots.

### **3.2.3 Turkish Cypriots under Siege**

One memorable event that is striking was in Nicosia a Greek Cypriot policeman tried to search a Turkish Cypriot woman, and then an agree crowd gathered. The policemen raised their arms and shot the woman and her supporters. This busted into a full fledge campaign against the Turkish Cypriot. It was largely viewed as a repercussion for their refusal to support moves for constitutional amendment by the Greek Cypriots.

This made the Greek Cypriots run for their lives seeking for havens in enclaves and wherever they could find safety. They even left their seats and offices in the house of parliament and even administrative responsibilities because they were scared of the Greek Cypriots. Turkey planes sent signals to Nicosia to warn them about impending crisis because the violent attacks continued, the British army tried to restore peace they were helped and eventually succeeded by the UN forces.

The UN now negotiated with the Greek Cypriots in the Government as though they were duly elected as the representative for the whole Republic. The UN Security

Council passed a law allowing for the unlawful appointment of a Greek Cypriots character for administration who had taken power. This act was seen as injustice by the Turkish. For this reason, the Turkish Cypriots begged for equality in 1960, and this can only be achieved if they are seen equal owners of the State in every lawful or legal way just as the Greeks.

The attacks on the Turkish Cypriots continued, till 1974, there was an attempt in 1965 for the Turkish Cypriots to re-enter the parliament, but they had to agree to a new status been laid on them. This new status was damaging to their personalities, they had been labelled minority, and secondly they had economic sanctions meted on them and thirdly continuous attacks by EOKA.

Turkey infuriated by the continuous attacks tried to intervene militarily in 1964 but President Lyndon Johnson stopped them. Britain that came into a Treaty of Guarantee in 1960 were doing little or nothing about this development and paid little or no attention to a call for joint action with Turkey. Britain own concern was its international interest, and how they were viewed internationally, this was uppermost in the minds of the British and Americans. They were afraid that Cyprus could turn out to be like Cuba, just the way Makarios played around with the Soviet Union and became a key player in the Middle East, gaining control of some of the Oil that the West depended on.

For this reasons, they two supported Enosis as a way of helping Cyprus. Surely Makarios cannot be overlooked by so doing since Turkey were not in support of Enosis. The best way out was to ensure the security of British military bases then they will give their support to Makarios at all cost.

### **3.2.4 Attempts at a solution 1967-1974**

Turkish Cypriots villages and settlements were invaded by Greek Cypriots, and this aroused the intention of Turkey to intervene militarily. With the help of American diplomatic intervention in this situation, because of their timely intervention twelve thousand Greek Cypriot soldiers also Grivas returned to Greece, every blockage was removed. The Turkish troops had a greater advantage when the Greek soldiers returned to their home in distant Greece and Turkey just fifty miles away. Turkey military threat did not still give the Turkish Cypriots their rightful place in the parliament.

Turkey encouraged the Turkish Cypriots to get involved in negotiations with the Greek Cypriots. They turned a blind side to some of the withdrawn privileges that the Turkish Cypriots enjoyed from the 1960 constitutional arrangement. That even included the independent status of the Turkish Cypriots municipality, which the aim of Makarios was to do away with completely. Makarios had the posture of someone who heralded Taksim, and he was quick to raise his voice against the Provisional Turkish Cypriots Administration in 1967 when it was formed.

The Turkish Cypriots were willing to go with any agreements reached, even on issue touching Local Government. This was one of their major fears. Also another concern for the Turkish Cypriots was the constitutional adviser that the Turkish Government appointed; he was not giving them enough support needed for this agreement to be reached. Of a truth, the Turkish Cypriots were willing to reach an agreement or a concession if Makarios guarantees them or strengthens the articles in the Constitution against Enosis. Makarios knew that this was a tall order one that his will power alone cannot achieve.

This could only be achieved if both the Turkish and the Greek Government come together, and both denounce Taksim and Enosis. This was such a big issue for Greece given the leading political interest, and its heavy nationalist army. The support by Turkey started to dwindle in 1973 due to the victory of Bulent Ecevit as Prime Minister. It was then that Turkey declared that only a Federal solution can work in Cyprus in the United Nations.

### **3.2.5 The military intervention in 1974**

Brigadier Ioannides overthrew Makarios and declared Enosis. This action led to a renewed commitment in Turkey for resolution. This move was made successful with the help of a former EOKA journalist Nicos Simpson in Nicosia, the National Guard and some high-ranking Greek officers. Simpson became President on his declaration and Makarios fled.

Turkey decided to get involved by calling on the Greek Junta to dismiss Simpson as President, but this call fell on deaf ears. Turkey also called for the removal of all Greek soldiers from Cyprus and the acceptance of Cyprus as a Federation and called on Britain to get involved in the whole issue. This was in respect to the 1960 Treaty of Guarantee Agreement, but this did not yield the expected result.

On the 20th of July 1974, the Turkish forces touched the ground. This was in respect to the 1960 Treaty of Guarantee Agreement after fully setting up a bridgehead took over thirty-seven percent of the Island. This action made about 140-160, 00 Greek Cypriot flee to the South and thousands of Turkish Cypriots fled to the North of found a haven in the British military base and then transported to Turkey before been moved to the North.

The Cyprus question for most of the Greek Cypriots started from 1974, to them Turkey getting involved had no legal ground but was an invasion of their country. Some saw it as a way of Turkey cleaning up the North, but the evidence available by the Greek Cypriot shows that it was the Greek Cypriots were forced out. But some of them who could not leave their homes in Karpas numbering about 20,000 were allowed to stay.

The international communities saw reasons with Turkey and were sympathetic, but this feeling began to change when on the 13th of July. Turkey requested for quick agreement in negotiation for the quick erection of six different Cantons for the Turkish Cypriots in the Republic of Cyprus. The Greek side delay in response made the Turkish forces continue her operations the next day. When the fighting stopped the Turkish Cypriots formed a Government based on Liberal and Democratic ideals, it was called the Turkish Federated State of North Cyprus.

In response to this move the UN rejected this development, but in 1974 there was a meeting of Foreign Affairs Ministers from both Turkey and Greece and it was fully admitted then, that in Cyprus there existed two different autonomous administrations. One run by the Greek Cypriots community and one run by the Turkish Cypriots community. The ministers in that meeting moved a motion for peace in the island and the return of a constitutional Government to Cyprus.

The disposition of the UN on the matter showed that it will continue to recognize the Greek Cypriots community as the Government of the Republic of Cyprus this is based on the Geneva Declaration. The Turkish Federated State changed its name in 1983 to the Turkish Republic of Northern Cyprus. This was as a result of failed

negotiations and the continuous internationalization of the Cyprus issue by Greece. The UN Security Council then came into the whole matter and more firmly on the Greek side; it declared that the secession of any part of the Island is illegal. It made every declaration invalid and asked the international community not to respect any other state apart from the Republic of Cyprus as the only State.

Britain went further to postulate that the declaration of TRNC is equivalent to Taksim that was against the 1960's agreement that banned any form of enosis or Taksim. While this is true the actions of the Greek Cypriots in 1963 -1964 respectively has also to be looked into closely and recorded as a breach. The first action paved away for the second, the Greek Cypriots claim that their actions were largely based on necessity and found every moral ground why they should take control of the Government.

### **3.2.6 The UN Negotiations**

Though the UN condemned the declaration of TRNC as a state but it still supported and promoted negotiations under its watch. This negotiation almost yields it desired aim. The Turkish Cypriots were willing in 1984 to adhere to suggestion been made by the UN Secretary General as was hoped to be accepted by the Greek side until in the last moments it was not accepted.

The Greek Cypriots wanted three basic things, which are, the freedom for all Greek owners of properties to return to their properties, Secondly freedom to own properties anywhere and lastly freedom of movement to any part of the Island.

In 1992, there was another failed attempt by the UN to resolve issues, this times it comprised of a wide deliberation and negotiation between officials of the two

communities and Greek and Turkish officials. This renewed effort came just after the dissolution of the Soviet Union, so there was a greater drive by the Security Council to bring this issue to a sudden end. In the process of the wide negotiations about a hundred points were drawn up. But the both sides did not agree to points raised.

The failure of the second attempt, which was called Set of Ideas. The UN tried to convince both sides to go on confidence building measures in 1993, among its tenants included the opening up of Nicosia International Airport which was closed since 1974 for both sides to use and also to permit the Greek Cypriots to reoccupy Varosha which was lost in 1974. The Turkish Cypriots had more to gain from this because the opening up of the Airport meant easier entrance for tourist. Also, it would have helped in lifting the economic embargo that has played a major role in crippling their economy. The UN tried again in 1997 to bring both sides to talk in New York, Glion and Switzerland. This agreement was designed on a collective framework of principles to lead or effectively Govern federations, but this could not be achieved.

### **3.2.7 Recent developments**

Presently the North wants to be fully recognized as a sovereign State before she enters into negotiation. This is a prelude EU's total disregard of North Cyprus in its consideration of the Greek Cypriots application for elevation for the Republic of Cyprus. Since the TRNC will not drop its demand for recognition, and the Greek Cypriots will not drop their claim of sovereignty over the North, UN has stopped sponsoring any form of negotiation since both parties will not shift grounds.

### **3.3 The Peopling of Turkish Republic of Northern Cyprus**

When talking of the peopling of TRNC it will be almost impossible to leave the Greek Cypriots in such discussions. Going back historic lanes deducing the population will not be much of an easy task because writers have brought so many suggestions to the table. Some say that during the Roman era the population of Cyprus was one million. Other sources suggest two million, some three million.

The population dropped due to many factors some of which are wars, drought, invasions, immigration, etc. (Thirgood,1987 cited Christodou 1959) he reduced that figure and put it at five hundred thousand during the Roman empire. This figure has gained more acceptances in the academic sphere. The population must have reached about 400,000 during the prosperous fourteenth century that was during the Lusignan period. The end of the fifteenth century which was the Venetian Period, a reliable source has it that the population must have dropped to about 200,000.

Another source suggests that around 1571 after Ottoman's conquest the population declined from about 290,000 to 80,000. As of 1792 the population of the Island 50,000, the population rose gradually to since then to about 186,000 in 1881. That was when the first head count was conducted or census, that ushered in the continuous census and since then the population of the Island has risen to about 1.141 million.

The people of Cyprus have a mixed ethnic origin as well as history. As at when the census of 1960 was conducted, the population of the Island was 577,615, the Greek population was 442, 521 and the Turks had 104,359, and Armenians were 3,628, Maronites were 2,708, while the Latins had a population reaching 2,766, a good

chunk of British and others were 24,408, this also included 3,351 British occupying two different bases of Dhekelia and Akrotiri – Episkopi. The Gypsies had a population of 502. The number of the British, who previously were based here have reduced, but there is no reason to believe that a so many the indigenes have been altered. With the withdrawal of the Armenian population of which many of them moved out of Cyprus after the declaration of Cyprus as a Republic.

So when talking about a Cypriot that individual is different from Turks, Arab, Hellene, Maronite or Jew. A good number of the population believes that they are Greeks. They also believe in a shared history and Commonwealth, they share the same religion and speak the same language and they are accepted by other Greeks as Greek, but their Greekness originates from Asia Minor and Byzantium and not from Hellas and Aegean. As for the 18-23 percent of Turkish, they came from migration during the sixteenth century and after the sixteenth-century Turkish invasion and occupation.

The mostly Armenian population was improved after Abdul Hamid bloody genocide of 1907 and 1908 and also after the massacre of Tala't Pasha of 1915. But as shown the Armenians have been in Cyprus since the sixth century A.D. The Latin population is made up of Italians families who have long lived in Levant; they are mostly technocrats and business people. Some Jews, a few Syrians usually stay in small settlements around Kormakiti area. The Arabs who stay in the small villages have a longer association with Cyprus than even Armenians. A good number of the Cypriot populations are Christians, mainly Greek Orthodox and the rest are Muslims.

In 1960 apart from the 12,222-bed Turkish Cypriots that made up about 18-23 percent of the population in the Northern part of the Island, a few were scattered all across the Island. Where in the two communities peasants make up a good chunk of the population and since the advent of independence both parties have chosen to stay more in their respective communities.

The end of the war brought about continuous flow of people out of the Island. Today a good number of Cypriots stay in North America and also in Australia, it is also worthy to note that about 120,000 Greek Cypriots expatriates are found in Britain. Half of that population can be found in London Borough of Camden. But presently there not to many British in Cyprus except for the two Military bases in this area. But Cypriots can be found in many parts of the world; a good number of them are in Africa and are good businessmen or traders.

### **3.4 Tourism in Turkish Republic of Northern Cyprus**

Since the division in 1974 the North had been heavily dependent on Turkey for financial aids as a key source of income (Alipour&Kilic, 2005). The rate of Tourism development in Northern Cyprus has been slow compared to other tourist destinations in the Mediterranean region. Compared to the south, the Government of TRNC has not been able to develop strategies that will promote rapid tourism development.

Apart from poor strategic plans to encourage tourism development, political instability, it's common knowledge within the tourism industry that a bomb blast in any location can hinder the flow of tourist. Of recent the killing of 38 tourists in Tunisia has just set the Tourism industry of Tunisia in a path of sharp decline. So

also the war of 1974 in TRNC which led to the division of the Island and the evacuation of tourist from the Island. Though the Tourism sector of the South recovered faster, and that of the North is still in the process.

Another reason for the slow development of the Tourism sector in TRNC is the non - recognition by the International community. The Greek Cypriots continue to parade the North as inaccessible owing to the occupation of the Turkish Cypriots(Warner,1999). This factor has taken many dimensions that have hindered the development of Tourism in the Northern part of Cyprus. One form of which this took was the embargo placed on the North by the European Union.

This banned international flights from landing in the available airport, and this factor has affected the development because there is no direct flight to the TRNC all flights have to break in Turkey before conveying passengers to TRNC. Through it all, the tourism industry has been able to market itself to the world as a unique brand. The lack of a tourism master plan, institutional structures and policies that can encourage the development of tourism and secure properties meant for tourism.

This has been made evident in the improper planning of the coastal areas, dumping of waste along the coast.(Alipour&Kilic, 2005). Warner 2010 is of the opinion that reason for the slow development of the tourism sector of TRNC is as a result of the isolation and embargo placed on the region for flight.

Richard Sharply (2001) was quick to point out a salient issue that many scholars did not mention. He talked about the location as a factor that has affected the development of Tourism. He is of the view that, the Island is geographically

positioned in the Eastern Mediterranean about 150 km to the west of Syria, and about 350 km to the North of Egypt, its distance from Turkey, is 75 km. This geographical positioning is very close to areas prone to the political unstable middle east. This means that Tourism in Cyprus is subject to not just internal political factors but external factors, for example, the tension between the United States and Iraq in 1998 caused a drop in bookings.

The Turkish Republic of Northern Cyprus experienced large tourist turnout before the division in 1973; there were over 10,200 beds in Famagusta and Kyrenia, which were authorised. Many of the Islands prime resorts where in Famagusta but after the socio-political unrest of 1974 the resorts were closed. The region of Varoshia was also affected by the conflict, and over a 3000 thousand hotel beds became occupied by soldiers and they are still closed till today.

The impact was not felt in Kyrenia only very small hotels in remote areas were affected, tourist arrival dropped from 186,000 in 1973 to 68,000 in 1975, and over 80% were Turkish. Warner (2010), pointed out that the political uncertainty of North Cyprus has made the cost of incurred by tourist higher. From the en route flight through Turkey to the and the high cost of accommodation. This is due to the fact that investors view their investment in TRNC as a risky venture, because they do not know what the future holds for their investment, so they expect a lot of profit from their investment. Thereby giving added advantage to other Islands in the Mediterranean who offer the same sand, sun and sea product to tourist at cheaper price an advantage.

In addition to this factor is the fact that not too much about the North Cyprus can be sourced online. Many travel agents in Britain and other European countries deal solely with the South of the Island and rarely mention the North. The Government of TRNC in 1997 tried to take its marketing campaign to the doorsteps of some European countries, but it was discovered that the cost of running such a campaign far outweighs the expected returns.

The restoration of the Tourism industry has been slow, but there has been a modest increase in the number of hotels and employment generation from this industry has been encouraging. The rate of tourist arrivals has not been constant, and tourist receipts have also been fluctuating. There has been over-reliance on the tourist from Turkey. TRNC experienced an increase in tourist arrivals from 68,000 in 1975; this increased to 113,000 in 1978. There was a drop for three years, till around 1986 that tourist arrivals picked an upward trend reaching 230,000 tourists in 1988.

Many of the tourists are from Turkey and with their continuous patronage the sector has reached this height. Many of the Turkish tourists who visit the island usually spend a very short time. Many come to shop for cheaper commodities, and they don't stay in the very expensive hotels but stay in cheaper hotels or even with friends and family. The population of Turkish visitors started to decline from 1986 giving room for Britain and German visitors; this gave an opportunity for diversification accompanied by an increase in tourist receipt. Inadequate infrastructure is another factor that affected the early development of Tourism in TRNC. Initially, there were inadequate means of communication and transportation, telex, telegram and even postal services. Most had to be passed through Turkey, and many tourists complained about it. Turkish airline as the only airline that plied that route was

another source of complains from tourist, in addition to that the inadequate ferry operators. The ferry sector was soon improved; this was as a result of the construction of a new port or harbour in Kyrenia which made it easier the ferry services to cover passenger to Tasucu in Turkey. The benevolence of the Saudi Arabia Government and Turkey was used to construct the main trunk road linking Famagusta, Kyrenia and Morphou with Northern Nicosia.

It should be noted that, the main hindrance to the development was the absence of the tenants or preconditions for its success. Some other points worthy of note, are the inadequate advertising channels, inadequate skilled labour, epileptic nature of flights were major bottlenecks, not to mention the sizes of the hotels that were really small with only four five star hotels in the 1980s.

There are strong indicators today reflecting that the tourism in TRNC is fast developing. Many new hotels are been constructed, alongside increased in scheduled flights, with seasonal and off-season tourist, this is a sign that many of the problems are gradual been overcome. This developed is in line with growing promotional activities which has encouraged many visitors from European countries and North America to visit the Island. In 1987, a bill was passed and approved the bill titled. 'The Tourism Promotion Bill' this provided a very broad range of incentives to upcoming entrepreneurs who are interested in the Tourism business.

This was a smart move by the Government to rest the economy on Tourism. As of 1998 there had been a 150 percent increase since 1977, this figure was generated based on bed occupancy that totaled 8,500, which is still lower than the licensed bed spaces. The average occupancy stood at 35 per cent that was low, over 65 per cent of

the tourist still come from Turkey, but they have dropped when compared to previous years (Sharply, 2001).

As of 2005 TRNC gained about \$145.6 million (3.3 percent) from the Tourism sector, in addition to this about 8,004 jobs were created from the sector, thereby reducing unemployment. That same year TRNC catered for about 589,549 tourists who were made possible with its 12,222-bed capacity, with annual occupancy at 40.7 per cent. The table below captures the reality of Tourism development in TRNC, giving a Five years development period.

Table 4: Structural development of Tourism in TRNC, 1978 – 2002

	FFYDP (1978- 1982)	Inter Period (1983- 1987)	SFYDP (1988- 1992)	TFYDP (1993- 1997)	Transition period (1998-.....)	Annual Average (1997- 2002)
Net Tourism Revenue	-0.8	34.3	14.5	3.3	2.6	11.9
Share of Net Tourism Revenues in GNP.	12.9	21.5	33.5	28.6	20.4	23.8
Number of Total Tourist.	-4.3	16.5	9.8	9.2	1.9	7.2
Number of Tourist from Turkey	-9.1	18.5	9.0	10.2	1.3	6.7
Number of Tourist from other countries	36.8	11.4	13.4	6.5	4.4	15.9
Production in Tourism sector.	8.4	6.7	11.7	7.1	7.3	8.4
Share of Tourism Production in GDP	2.5	1.6	22	3.1	3.1	2.4
Total bed capacity.	3.1	3.8	3.5	3.5	3.9	5.3
Share of Tourism fixed capital investments I total.	2.1	1.3	3.6	3.6	5.1	2.9
Share of the number of hotels in total tourism establishment.	48.6	43.6	34.3	42.6	44.2	42.6
Share of the number of boarding and guest houses in total number of tourism establishment	35.3	33.4	36.2	17.4	13.0	29.7
Share of the number of beds in hotels in total bed capacity	74.5	64.9	54.6	54.5	46.8	61.4
Share of the number of hotel apartments	16.1	23.0	29.4	40.0	42.8	37.7

and others in total tourism establishment						
Share of the number of guest houses in total tourism establishment.	11.6	11.1	11.8	5.0	4.0	9.6
Share of the number of beds in hotel apartments and others in total bed capacity	13.9	24.0	33.5	40.6	49.2	29.1
Occupancy Rate in Hotels	32.9	25.5	35.6	35.5	33.7	32.6
Employment in Tourism Sector	4.9	3.1	2.3	2.4	2.2	3.1
Share of tourism employment in total	2.9	2.8	4.6	6.1	7.0	4.3

Source: Adopted from, SPO (2002) data, (Salih, T, Huseyn, A.Erdogan, H, 2007).

During these times, many attempts were made to improve the quality of Tourism products. Plans were made to increase partnership and cooperation between investors at home and abroad. Links have been created with other travel agencies abroad, and tourist from the third world countries have been welcomed, this all helped to increase the recognition of TRNC. The ferry services introduced to neighboring countries and flights to the Middle East directly and to Europe will help develop the sector.

The goal of the development plan for tourism in TRNC has been to maintain the natural, cultural and historic environment. Through the years, this goal has been set but has not fully been met. Also among the goals also is how to provide a wide variety of tourism product, which will have to include the extension of the tourism period or season and finding ways to increase the night stays. Improving educational programs in tourism, an improved relationship with International Organizations for Tourism, involving the private sectors to buy into tourism development and marketing. Increasing the bed capacity to cater for visitors, establishing relationships with international tour operators. This plans have been met with successes but gradually.

A new form of Tourism came into play in the economy of TRNC, which is Educational Tourism, which guaranteed longer stay of tourist. Educational Tourism has become the leading sector in the countries development as it has helped her gain recognition by the world. This has been made possible through the organization of lectures and symposiums, visit of world acclaimed academicians from top universities in the world since the 1980s, and also many students from Africa and the middle east.

Eastern Mediterranean University was the first state university to be established since then others have followed, such as Cyprus International University, Girne American University, METU Cyprus Campus, Near East International University, Lefke American University. This universities combined have over 15,000 International students from across the world.(Hamid, et al.,2015).

In 1998, a new form of Tourism emerged in TRNC. The Casino Tourism which was as a result of the closure of casinos in Istanbul by the then Turkish Government which was an Islamic-led Government and saw Gambling as against the tenants of Islam. The summer of that year witnessed the evolution of 18 new Casinos in TRNC, and they welcomed Israelis who were the customers of those casinos in Turkey. In the short run, this development made a very good impact on the local economy but development if this nature is a bottleneck. Ultimately it added little or considerably nothing to the local economy, most gamblers come handy with all they need or have all they need already prepared for them prior to their arrival.

Secondly many of the Casinos were foreign owned, so most of the profits were taken out of the country with little or nothing invested back in TRNC. Many of the

Casinos also use Turkish employees and employ the Turkish Cypriots for only unskilled labour. For this and more reasons the Casino industry in TRNC does not go down well with the local population

In the reality of the current challenges and many hindrances to its full development, new paths have to be launched, to generate the needed revenue for the country continually. Other aspects of tourism that can stimulate economic growth include, Dark tourism, Ecotourism, Medical Tourism these and many more can be looked into.

### 3.5 Health Care in Turkish Republic of Northern Cyprus

Health care services are basically provided by public and private hospitals in TRNC. Statistics at our disposal from the Ministry of Health suggest that as of 2013, there were about 1310 bed spaces available in hospitals which is a combination of both public and private hospitals, 1007 for the public and 303 for the private hospitals. Below is a table showing the number of medical practitioners in both public and private hospitals.

Table 5. Medical practitioners and Bed capacity in TRNC from 2001-2013

A: Public		B: Private		C: Total	
2009	2010	2011	2012	2013	
1,015	1,026	989	1,007	1,007	...A Number of bed
290	590	303	303	303	...B
1,305	1,616	1,292	1,310	1,310	...C
218	231	228	223	226	...A Specialist
277	249	283	318	338	...B

495	480	511	541	564	....C
25	20	18	18	18	....A Asst Doctor
24	25	6	6	6	....A Practitioner
40	46	38	38	38	....B
64	71	44	44	44	....C
22	22	21	21	22	....A Dentist
122	111	104	115	126	....B
144	133	125	136	148	....C
15	15	14	14	14	....A Pharmacist
163	167	164	177	187	....B
178	182	178	191	201	....C
680	665	664	680	692	....A Nurse
19	23	25	25	24	....A Mid-Wife

Source: Ministry of Health, State Planning Organization.

From the table we are quick to realize that as for bed spaces the public hospitals have more, with a difference of 704, the private hospitals have more specialist doctors with a difference of 112.

## **Chapter 4**

### **METHODOLOGY**

#### **4.1 Research Methodology**

Qualitative research method is a type of method with the driving aim of having a entrenched knowledge or understanding of a certain structure, organization, occurrences or events, rather than just the surface appearance outlook. This will avail the researcher the privilege of understanding the varying patterns or structures among different groups or participants. Qualitative research can be referred to also as ethnomethodology or field research, it gives relevant information about different groups in the society and their relationships. Qualitative research is unique in its definition or description of variables, it does not bring treatments or twist variables to suit the researcher predefined notion of different phenomena. Rather, it gives the respondents or participants the freedom to give meanings or definitions to different variable. This research method is flexible adapting to various settings, conditions and atmospheres. The sole aim of this kind of research is to gain knowledge through understanding and understanding can come through a unmediated, personal experience, uncensored reporting and quotes from the real interactions. This research method can help the researcher know how the participants get the meanings of various phenomena from his environment and how this influence their conducts.

Qualitative research derives data through observation. Observation can be said to be the selection and recording of different conducts or behaviours of a certain group of people in their given environment. This method is very important when a researcher

wants to get a detailed description or have a in-depth understanding of certain happenings in any organization that is hitherto not accessible and also for doing a research when other methods are not sufficient. That's why this method has been embraced by experts in the fields of psychology, anthropology, sociology and different program evaluators. This method avoids any sort of distortion that comes with instruments or intermediaries like questionnaire, not form of laboratory controlled environment.(www.csulb.edu).

Participant observation is another type of observation mostly known as in-depth interviews, which is the typed engaged in this research, it can be said to be a time of extreme or intensive social discussion between the researcher and the respondents or participants on touching a given phenomenon in a given environment.

This research is based on a qualitative research and employing participant observation or in-depth interview, which can also be known as focused interview, which refers which refers to interviewing using predominantly open questions about a specific situation or event that is of relevance to them also the semi structured interview was used , because in studying medical tourism in TRNC everything has to be taken note of as though it was the first time of it happening and everything should be subject to questioning nothing was allowed to slip of. In an attempt to see the world from the eye of different participants view everything has to be gathered, this is based on a reasoning that people peoples conducts a s a direct influence of their world's view.

Another reason for the usage of in-depth interviews, is based on the fact that this method is rested on the theory of symbolic interactionism, which is based on an

assumption that people are constantly in a system of interaction and finding meanings as they proceed through many situations that are more or less known to them. By this means individuals gain meaning of situations. Individuals perspectives are formed through social relationships or interactions. Rules, frameworks, goals, values, targets etc, organizational structure has a way of setting conditions and consequences for conducts, but they do not guarantee what individuals will do. Individuals act in respect of the meaning of these structure to them.

This research engaged the two different positions in participatory observation, which was the covert and the overt. Sometime the researcher had to be a covert observer mostly when interacting with patients.

A wide range of individuals partook in the interview. They were all drawn from the different fields related to medical tourism. This included doctors, and medical practitioners and directors, hotel managers and directors, staffs of the Ministry of Tourism in TRNC and Ministry of Health TRNC, academic staffs of different Universities.

All the major Hospitals both Government and private hospitals were visited and a good number of hotels. They all gave differently and sometimes overlapped views about Medical tourism. A broad range of questions was asked based on medical tourism and it served as an interview guide, but it incorporated a format that was more conventional and open-ended, this style gave opportunity for questions to be modified as answers came in. The interviews lasted thirty minutes to one hour, and the informal interviews could run for hours, and most of the interviews were recorded with a voice recorder and detailed notes were also taken. Answers were

given based on individual experience, back ground and sometimes social interactions.

The opportunity was also handed down to the researcher to see and so many times not allowed to take photos of medical equipment's and machinery in different hospitals, and many hospital buildings capable of housing medical tourist.

The Research methodology design.

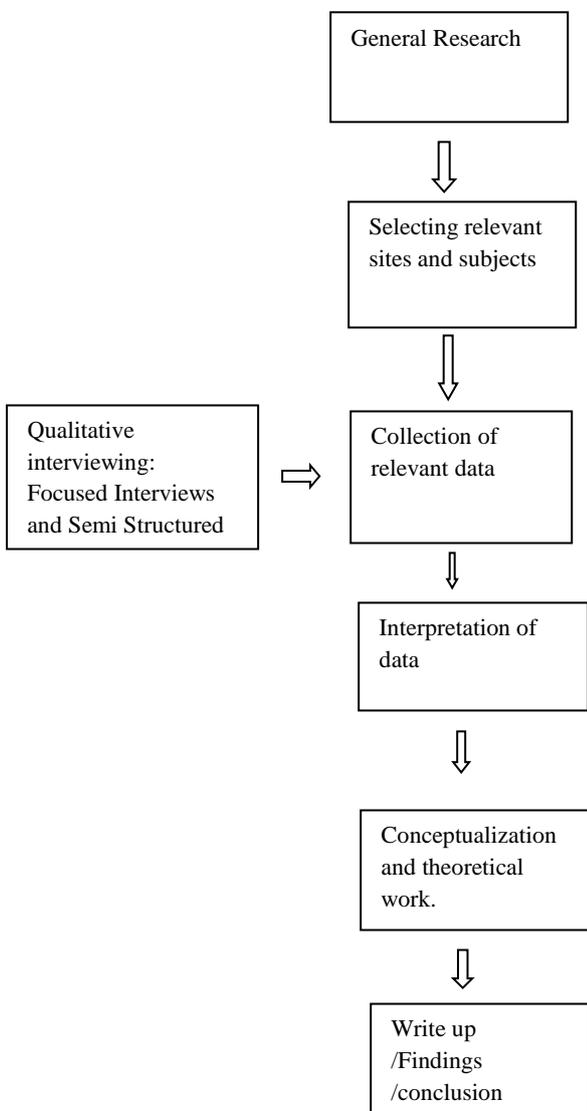


Figure 1: Research Procedure

## **4.2 Results and Analysis**

### **4.2.1 What is Medical Tourism and Difference between Health Tourism**

On the definition of Medical Tourism, many of the respondents had similar definitions. Most was of the opinion that medical tourism is when people leave their home countries or state of origins to look for wellness in another country. One striking opinion a doctor shared was that “medical tourism is a pursuit of wellness, where ever it is available at whatever cost”. In his opinion price and distance cannot be a barrier to anyone truly in need of wellness. One of the respondent opined that medical tourism is the.

‘Bringing together of two opposites, which are pleasure and pain’.  
(Respondent 9).

He further explained that tourism, as we know, is meant to be enjoyed, stress-free, and pain free but bringing medical to the equation that is often a painful process and needs time to heal. So after a patient get the medical procedure that is the one part, and then the time to heal and recover is the tourism.

Many of did not see or observe any difference between medical tourism and health tourism. They were of the view that they are the same just bearing different names. One respondent was of the opinion that health tourism is the treatment that tourist who travels primarily for tourism gets in the event of injury or any form of an accident during his holiday. While medical tourism is when a tourist leaves their comfort zone to another country for a medical procedure.

For another respondent, she was of the opinion that they are the same but the procedures are different. She said health tourism just involves mild treatment, but

medical tourism is a quest for more complicated process like plastic surgeries that will require time to heal.

#### **4.2.2 Why Sick Patients Travel and to Which Destination**

Many reasons add up to why many individuals leave their home country to seek for medical attention abroad, in response to the issue of the reasons why many leave their home country to seek for medical procedures abroad, a respondent (1) has this to say,

“Policies, have made IVF treatments in TRNC strive very well,”.

He went further to elaborate saying that in Turkey the Government is against IVF and egg donation so many Turks come here to get that treatment since it is legal to have that procedure here in TRNC. Apart from policies another reason many respondents were quick to point out was under development in Africa and other parts of Asia as a reason people from those parts of the world travel to other countries to seek medical attention. A respondent in response to these questions said,

“War in the Middle East, has made Turkey a destination for medical tourism, can TRNC take advantage of that?”. (Respondent 40)

The high cost of medical procedures is also a reason many travel. A doctor displayed the picture of one of his patients who came to Britain for a procedure in TRNC because it was cheaper here with good quality. The Western world is known for high quality at a premium price, so a respondent said,

“ many people in those countries can't afford the treatments, so they look for cheaper alternatives abroad. Secrecy is another reason many travel to other countries”.

Three respondents mentioned this point in the process of our discussion, one of the respondent spoke on secrecy in respect to the IVF procedure, he said.

“Nobody will like their friends or families know that they are barren, so they look for a secret location outside their country for the procedure. They go home smiling and lie to their friends that they just went on a vacation’’. (Respondent 3)

Another reason stated by the Chief medical doctor of a hospital is Girne for people embarking on Medical tourism, is the time required to heal and recuperate.

“some of the procedures require enough time to heal, and some of the points of origin of the medical tourist cannot offer the patient that opportunity to heal quickly’’.

“Many medical tourist knowing fully well that the medical procedure is very boring and will require a long time to heal. They choose destinations that will offer them pleasure during their healing process, places like Singapore, and TRNC can do so because we have beautiful beaches”, (Respondent 9)

Many respondents mentioned Israel as a wonderful place for medical tourism. They claim the Israel has state of the art equipment, procedures such as heart and kidney transplantation and plastic and reconstruction surgeries are done with a very high quality in Israel. This success is attributed to their good relationship with the West, which allowed the transfer of knowledge. Turkey always came second to Israel in many discussions; Turkey was also mentioned for plastic surgeries and transplantations. Very few correspondents spoke of the Western world, but some still maintained that The US was a symbol of excellence.

#### **4.2.3 Services Required by Medical Tourist and What TRNC Can Offer**

Medical tourism has in its closet a broad range of services to offer tourist, this themes raised the issues of which services medical tourist demand for the most abroad and what TRNC can offer.

Many of the respondents talked about plastic surgeries as one of the major demands of medical tourist, which is a process that has to do with secrecy, Respondent 4 said that.

“Nobody wants their neighbors to know that they had their nose fixed”.

So many people travel distances to perform the plastic surgery. Another demand of medical tourist many correspondents came up with was heart and kidney transplant, bone and hip replacement.

When many respondents were faced with the question of what they think TRNC can offer they, IVF procedures here in TRNC which allows for sperm and egg donations for fertilization for those who can't conceive on their own. TRNC can compete with any other country of the world because they have experts in that field, also Test tube babies is also related to that field. Many also talked about Geriatric, which is a treatment for the aged citizens, a correspondent said.

“the aged can come and spend the rest of their lives here in TRNC because we have a beautiful climate for them.” (Respondent 5)

Many of the respondents spent so much time on this treatment that TRNC can offer. Many said it is a comfortable place for the elderly people, and the Government should build hospitals to take care of the old people and hotels should have such programs for the old. Some respondents were of the opinion that all the medical procedures can be performed here in TRNC with the same quality and expertise if they are given all the equipment's they need because they have all the skills required.

#### **4.2.4 The Role of the Government So Far in Medical Tourism**

Many third world countries offering medical tourism services had a huge support from the Government for its success, this theme questions the support of Government so far in the development of a sound medical industry. On the role of the Government in medical tourism development, one of the managers of the big hotels said,

‘‘we are not investing in medical tourism facilities in our hotel because we have not seen or know of any effort the Government is making or has made in respect to medical tourism, for now we will continue to manage our spas and massage activities’’. (Respondent 17)

He stressed that they cannot make any investment in Medical Tourism until the Girne stated that the Government is not investing in medical tourism. He further stated that the government is yet to create even a sound health system for its citizens let alone visitors. He went further to stress that the Government hospitals don’t have enough doctors to take care of the sick, so the

‘‘Government cannot invite foreigners for any form of medical tourism till we have a health population’’ (Respondent 11).

Many of the respondents were of the opinion that the Government is not investing enough or they do not know of any plans made by the Government to invest in medical tourism, but a few had a different opinion. A senior doctor in one of the hospitals in Famagusta claimed that he knew of a program the Government is currently undertaking through the Ministry of Health in Lefke. A hospital that is been built to serve as a both a hospital and a hotel to take care of the aged citizens and for also, foreigners, that is one plan for medical tourism development. A manager of a hotel in Lefkosia said.

‘I was in the last symposium organised by the Ministry of Health and the Ministry of Tourism in May, I was invited as a stakeholder in the Ministry of Tourism, the Government elaborated plans they have to start rendering medical services to tourist, in form of medical tourism’.

This claim was supported by the Ministry of Tourism when I visited. A respondent said they had the first symposium and it was convened by both Ministry of Health and Ministry of Tourism and also European University of Lefke, many stakeholders were invited such as the Turkish Cypriots Hotel and Travel Agencies, Hotel Association, Tourist Guide Association, Turkish Cypriots Agro Tourism, Turkish Cypriots Diving Association, all of them were involved in the discussion. So plans are already made by the Government though not yet concrete, another symposium will be held in September.

Some other respondent is of the view that the Government should not start a medical tourism program until they acquire medical insurance for the citizens. The health insurance that will be sufficient for them to seek quality treatment both in private and Government hospital, because when the medical tourism eventually get started the people may not be able to afford the treatment.

#### **4.2.5 Quality of Medical Practioners, Facilities, Structures and Educational Program in the Field of Medical Tourism**

One of the reasons for the success of medical tourism in Brazil is due to the fact that doctors receive the best training in their schools of medicine and they are given enough time to practice under experts as apprentice, this theme highlights on the quality of doctors and the quality of medical schools.

‘We have the best of doctors in any field of medicine, and we as doctors can compete with our counterparts in any part of the world if we are given the right equipment and an enabling environment’,(Respondent 4)

Who is a doctor in one of the private hospitals in Magusa gave me this reply in response to the quality of medical practices available in TRNC. There are claims from different quarters that quality medical practitioners are littered around different hospitals. Many of the doctors trained in Turkey a country earlier mentioned as a destination for medical tourism and a good number of the doctors are Turkish. A correspondent who had a different opinion, stated that;

“Medical tourism cannot do well in TRNC because it does not have the manpower to sustain it. This is because we do not have even one medical school in TRNC that trains doctors. We have to train our people because foreigners cannot continue to service our hospital. The University of Near East just started their medical program, and we are yet to know the quality of their doctors because they have not graduated any yet, for now medical tourism cannot work”(Respondent 43).

On the quality of structures needed to house medical tourist two correspondents had this to say;

“for now we do not need new structures or hospitals, the ones we have been enough for us to treat foreigners the Government should renovate and enlarge the hospitals and provide more facilities. That is what we need now”(Respondent 30).

“ the Government should select five hospitals and upgrade them to world standard, provide up to date medical facilities, hotels will provide good accommodation, which is all we need” (Respondent 28).

#### **4.2.6 Challenges of Medical Tourism in TRNC and the Present Condition of TRNC**

Many scholars have attributed the slow development of the tourism sector in TRNC on the political division from the south and embargos laid on TRNC as the basic factor hindering the development of tourism and the economy at large, this theme questions that notion to know if it can hinder the development of medical tourism or if it not count. Many of the respondents complained about the division between the

South and the North as a key hindrance to tourism development on the Island, some of the correspondents had this to say;

“we cannot invite the world to come and receive treatment here until we they recognize us, how can the world be blind to the existence of over two hundred thousand people.”(Respondent 10)

Many correspondents complained about the fact that their Republic is not recognized as a country by the whole world. A correspondent expressed his view thus.

“we are invisible to the world, we are not worthy to earn a country that is what they world claims, and United Nations are not doing anything about it, this is not fair,”(Respondent 10)

“there are embargos to trade and commerce, planes are not allowed to land on our soil, how are we going to transport sick patients in need of immediate medical procedures,”(Respondent 2).

“One united Cyprus under two Governments, if we can achieve this then medical tourism by the Grace of God,”(Respondent 9).

“We are not ready for medical tourism, because the world is skeptical about quality at a cheap price in third world countries. Also, they claim that we do not have a country, till they recognize us as a sovereign Nation” (Respondent 3)

“I have four International Passports, one for the United Kingdom, One for Turkish Republic of Northern Cyprus, One for Turkey and One for Cyprus whenever I travel the demands are always different. I will like to throw all of them away and have only one for the United Cyprus, till then Medical tourism will not do well just like the way our Tourism Industry is not yet doing well,”(Respondent 7)

“how can we have health tourism when the Greeks will continually tell the world lies about us, they tell the world that we are under domination by Turkey, and there is no security in TRNC. This propaganda has continued to drive away tourists from our country” (Respondent 3).

Many respondents complained bitterly about the political division and attributed to the division to be the sole problem of the current economic condition. They were all quick to call for the reunification of the Countries to have a United Cyprus under two

Governments, for there to be economic restoration. But some correspondents had a different view about the political division. They disagreed with the opinion of others that the current political division is responsible for how tourism is been run here and may be a threat to medical tourism, they had this to say;

“the political division is been over hyped, the division cannot hinder our development if we want to develop, all we need is a good government and committed people to follow,”(Respondent 13)

“ People are always quick to attribute every failure in our system to division, that is the lies they have chosen to believe from the Government unwillingness to serve”(Respondent 33).

“ Globalization through the Internet has helped solve that issue of division a long time ago, we just choose as a people to continue to complain about it,”(Respondent 35)

“.....don’t we have quality Universities in TRNC that attracts people from all over the world, like EMU, and then why do we keep complaining about sanctions and Division”.(Respondent 44)

“ Quality medical services will help us gain recognition.”(Respondent 2)

“Quality has no hiding place, last week I had two patients from the United Kingdom, because they know me to be the best in what I do, if we the doctors here are very good in our jobs, and the right facilities are provided for us, we will provide excellent services at the world’s standard, sanctions can do little or nothing because as I said quality has no hiding place” (Respondent 44).

#### **4.2.7 Who are the Stakeholders in Medical Tourism**

Who are those to take responsibility of a sound medical sector to cater for not just indigenes but tourist as well, this question drew the following responses.

“It is no small task to start different programs in Medical tourism, it requires plenty of money”, a doctor in one of the hospitals in Lefkosia said, this is because the cost of acquiring landed properties and building world class hospitals is very high, so the responsibility should be shared between the Government and the private individuals. (Respondent 11)

“we in the private sector have been providing excellent services for years but if the Government wishes to start any program in Medical tourism we have to meet at the centre, the Government cannot do it on their own they need us”(Respondent 15).

“ the task is a big one for one group to perform, we have to merge both efforts or even more, that is the Government, the private sector from within TRNC and foreign investors”.(Respondent 7)

The stakeholders in the Medical Tourism cannot just be the Government and hospitals alone, some respondents mentioned Hotels and travel agencies to be part of the medical tourism package, and medical tourism should be included in hotel services.

“hotels should build wards or turn some of their rooms to wards like the way it is done in Singapore and Malaysia. So that the sick people can still enjoy themselves as they go through the boring process of recovering, this is a very good medical tourism” (Respondent 22).

Hotels have their part to play, what the respondent was referring to was Hotelsipitals as they have them in some third world countries who are offering first class medical services to the world. This has a way of enhancing the patient’s tourist experience because they will not miss out on the pleasure. Respondent 28 has this to say;

“Government should make good policies and create an enabling environment for the Private Hospitals to practice. Taxes should be reduced for the hospitals so that they can reinvest that money in facilities and equipment and retraining of doctors, hotels should provide wonderful accommodation for sick patients who came for medical procedures”.

From the above statement, responsibilities are been shared between the Government, Hospitals and the hotel industry as key actors in Medical tourism.

#### **4.2.8 Cost and Marketing**

The price of medical procedures has a great influence on the success. It has served as a pull factor for many westerners to third world countries for medical procedures. Since the high cost of medical procedures is a push factor, for example, the cost of medical procedures of a high quality is far cheaper in India when compared with

countries in the Europe and America. For medical tourism to be a success, price has to be considered one respondent noted,

‘small money will bring many people from the world to TRNC, no matter the quality let the money be small’.(Respondent 3).

The small money he was referring to was the cost of procedure that is should be cheap and affordable for everyone to afford. A respondent noted.

‘our treatments may be cheap but not affordable, the Government should try and make treatments affordable and not cheap, if it not so tourist will not come’.(Respondent 5).

‘our hospital offers the best medical treatment in TRNC but at a very high price. If you look around you will not see any poor person because the cost of our treatment is too high for the common people to afford, this is not good’.(Respondent 42)

A doctor in Girne shared a different view about price; he is of the opinion that,

‘...good service comes with good prices, to cheap will be suspicious’.(Respondent 11).

He further explained that quality comes at a high premium, so nobody should expect good services at a very small price.

On the issue of marketing, some respondents shared the view that the propaganda and non-recognition by the world will make marketing efforts useless, some said.

‘we cannot market to the world our medical tourism because the Greek side will tell the world that we are under siege by Turkey, what can we do’?(Respondent 41)

‘United Nations and EU do not know us, till they know us, they will not buy our products marketing will be useless, we should first fight for a United Cyprus’ (Respondent 3).

Everyone did not support these views some talked about the way Universities in TRNC have been able to attract students from across the world, they recommended the same strategy to be used for marketing. Some have this to say

“The internet has broken through any barriers if we use the internet very well for our advertisement we can tell the world about our tourism,” (Respondent 20).

“Television shows like Doctor Oz in the USA can be organized in TRNC so that the world can see our good doctors,” (Respondent 10).

“The internet does not have boundaries, we can use it” (Respondent 20).

#### **4.2.8 Would Medical Tourism Succeed in TRNC?**

From information gathered at different points in the interview process, viable points were raised to support the postulation of the possibility of medical tourism to thrive in TRNC as an Island state. In response to this question one of the spokespersons of the Ministry of Tourism gave a list of strengths that TRNC has that can uphold the success of medical practices, these strengths include:

- Well behaved people.
- Very rich history.
- Conducive climatic condition.
- The short distance between cities.
- Hotels with good wellness and spas centers.
- An Island state.
- No industries so the air is clean.
- Good ecological system.

- The quality of the sea and beautiful sea sides.

These are the strengths she mentioned and only mentioned recognition as a weakness and begged not to continue because her job as a marketer does not permit her talk about weaknesses.

#### **4.2.9 Who Gains and Who Loses**

The theme of who gains and who loses looks into the benefactors the success of medical tourism, who gains looks into the economic and social benefit while who loses questions the issue of social currency. “The people first”, a respondent replied when asked the benefit of medical tourism to TRNC. He is of the opinion that the locals will first of all benefit from medical tourism because they will have quality medical services at very cheap prices. He went further to talk about the growth of cancer in TRNC and the very high cost of treatment, but with the advent of medical tourism he believes that a cheaper cure will be advanced.

One of the managers of a hotel in Famagusta is of the opinion that medical Tourism can help solve the issue of Non-Recognition.

“ we will be known for our excellence, just like the way the Near East hospital is doing”. (Respondent 15)

This study made the researcher a meaning maker, a learner and an interpreter who was found in a context and involved in a value filled inquiry process. In pursuit of interpretations and meaning, with much emphasizes on understanding as a path to getting meaning.

Table 6: Overall Results for Medical Tourism In TRNC

Groups	Doctors(%)	Nurses(%)	Patients(%)	Administrators(%)	Academicians (%)	Managers of Hotels (%)
Variables						
Knowledge of medical tourism.	100%	75%	60%	100%	100%	75%
Conducive climate for medical tourism.	100%	100%	100%	100%	100%	99%
Political condition suitable for medical tourism.	66%	25%	50%	71%	75%	50%
Government support for medical tourism.	13%	10%	20%	28%	0%	25%
Competitive doctors and other medical practitioners	85%	87%	70%	85%	100%	75%
Quality of Institutions training doctors in TRNC.	13%	50%	40%	28%	50%	-
Quality of medical service delivery.	85%	87%	70%	85%	100%	75%
Facilities and equipment for medical tourism.	85%	75%	70%	85%	100%	50%
High cost of medical services.	52%	75%	90%	42%	50%	25%
Economic benefits of Medical tourism.	100%	100%	100%	100%	100%	100%
n=48	n=15	n=8	n=10	n=7	n=4	n=4

The table is a breakdown of the results generated through interviews. A total of 48 individuals were interviewed, out of which 15 of them are doctors, 8 are nurses, 10 are patients, 7 are administrators, 4 are academicians and the other 4 are managers. From the table we are quick to realize that there some variable enjoyed unanimous votes while some dwindled, for instance the knowledge of medicine and conducive weather for medical tourism virtually all the respondents had a good knowledge of medical tourism due to the fact that tourism is one of the major economic earner for this country and many jobs are directly or indirectly linked to tourism. The climatic condition been favourable for tourist and inhabitant has been a pull factor for tourist in Islands.

On the issue of the political condition and the favourability for medical tourism, this variable or factor dwindled in its response though many stood on the line of the embargo hindering the development of medical tourism but in the long run those of the other side of the divide gained more acceptance that is, the embargos can't really hinder the development of medical tourism if quality is achieved.

Government support had a low count, this is due to the fact that many practitioners are yet to perceive any form of support from the Government in any form at all, but many suggested that Government should reduce the tax been paid by private hospitals as a way of encouraging reinvestment of the tax proceeds in facilities and equipments and in training of employees. On the issue of quality of doctors and many of the participants are of the opinion that the doctors are of very high quality due to the fact that many of them schooled out the country in Turkey and other European Universities, about 85% of the doctors were of the opinion that the doctors are qualitative enough to handle and medical condition, while this variable enjoyed 87%

vote from the nurses a 100% from the academicians. On the issue of Quality of institutions to train doctors many of the participants were of the opinion that there is no institution presently available for the training of doctors, nurses and mid wives, except for the University of Near East but they are yet to graduate their first set of doctors.

The issue of quality of service delivery results can be likened to the quality of doctors on ground, 85% of the doctors are of the opinion that the services they are rendering is of world's standard and 87% of the nurses share that opinion and 100% of the academicians also support this notion, 85% of the administrators and 70% of the patients are also in this category. The Quality of facilities in hospitals enjoyed the same patronage with the academician awarding a 100% vote and the doctors 85%, and for the patients and nurses 70% and 75% respectively supported this view and 50%.

Cost of treatment and affordability, 90% of the patients were of the opinion that the cost of medical treatments and procedures are too high for them to afford, but only 52% of the doctors shared that view, 42 % of the administrators supported that view, this view was not supported by many administrators due to the high operational cost of running hospitals, 75% of the nurses also believed that the cost of treatment is high. On the issue of economic benefits accrued to medical tourism in TRNC a 100% vote was gained across board.

### **4.3 Summary of Analysis**

This study made the researcher a meaning maker, a learner and an interpreter who was found in a context and involved in a value filled inquiry process. In pursuit of

interpretations and meaning, with much emphasizes on understanding as a path to getting meaning.

Through the research process some respondents tried to keep away some information due to the sensitivity of such information, such information can only be gotten through a covert participatory observation stlye of inquiry.

The open ended answers and the freedom for the respondents to express themselves based on their experience gave many respondent the opportunity share information freely more than they would have done in they where issued questionnaires that limits their participation.

Medical tourism potential are yet to be fully harnessed in TRNC owing to the fact that their have been poor marketing to the neighboring countries as have been done in the case of educational tourism.

The issue of pricing should be addressed by the Government and other price regulatory bodies to ensure that quality can be offered at a cheap cost.

## Chapter 5

### DISCUSSION, SUMMARY AND RECOMMENDATION

#### 5.1 Discussion

Medical Tourism can simply be defined as a prepared trip outside one's own environment to a new one for the sole aim of restoring, enhancing or maintenance of the fellow's wellbeing in mind and body (Nicola, S and Kai, H.2012), this definition is not farfetched from what was obtainable during the field research, Respondent 10 defined Medical tourism "any discomfort that cannot be treated on someone's home country and the person travels to another country for treatment, is medical tourism". This is a testimony to the fact that the concept of medical tourism is not new to the people since tourism has been a stock in trade for so many years on this part of the Island.

The research which is focusing on Medical Tourism, prospects and possibilities; A case study of TRNC, this research raised lots of issue about the possibilities looking at this possibilities and hindrances from the lenses of different practitioners or actors in the arena of medical practices. One key point that kept on re-echoing from doctors and others in the field of medical field is policies, a doctor aptly put it thus

"small money, smiling face and policies is all we need for medical tourism to be a success". (Respondent 2)

The South Asian countries the likes of Singapore, Malaysia and Thailand are doing favorably well because of good policies to support the development of medical

tourism, these countries have been able to combine good quality health practices at a very good price with a tourism package for the enjoyment of tourists. The Governments of those countries rendered unalloyed support for the sector.

Through the research process the researcher discovered that the reason for the development of the IVF procedure here in TRNC is because of the Government's policy that allows for the donation of sperm and eggs for fertilization, a respondent stated "the IVF procedure is forbidden in Turkey because of the Islamic belief system that stops them from performing such procedures, that is why the Turks come here because our Government permits it" (Respondent 15), this procedure is being carried out in many hospitals in TRNC with state-of-the-art facilities as can be observed on the pictures below.

This policy has brought medical tourists from Turkey and other neighboring countries for this procedure in TRNC. The policy of the Government can only permit different procedures to be performed in TRNC but there is more that the Government can do, a medical practitioner aptly stated that.

"We have never received a penny from the Government in form of support for the purchase of medical equipment's or to upgrade our facilities, this hospital is hundred percent private financed" (Respondent 47)

"if the Government can reduce or exempt the private hospitals from taxes so that the money will be reinvested in the hospitals to buy equipment, that is a good enough support" (Respondent 33),

Gupta (2008) in reference to Government support for medical tourism in India stated captured this reality in a phrase "promoted by Government and fuelled by cooperative bodies in the medical industry", also the Medical tourism in Singapore which is one of the leading destinations for medical tourism today was as a result of the

Government's total support for the medical tourism development, currently the Government has a Uniquely Singapore project with a high target for 2015, the Government of TRNC can do that, as a correspondent suggested,

“let the Government choose only five hospitals and upgrade them to world standard and let specialized treatments be conducted in those hospitals, just like the Near East Hospital”(Respondent 15).

That was what the Government of Malaysia did in a bid to pursue Medical tourism, the Government chose 35 out of the 220 hospitals to upgrade them to world standard this are ways the Government can develop medical tourism through their support. On the issue of quality of Doctors, a respondent doctor said,

“one way for medical tourism to thrive is if the Government can provide good doctors, about eighty percent of the Doctors in this country trained in Turkey, let our Ministry of Health and the Ministry of Health of Turkey develop a program that will allow for training and retraining of doctors, so that we can have the best doctors”(Respondent 7).

This can be likened to the success of Medical tourism in Brazil, where a system of artisanal practice exist as spoken about by Edmond (2011), that allowed for training and retraining of young doctors by older doctors, this system can be adopted where young doctors will be trained by Turkish doctors who has been in the field of medical practice for years. There are very good doctors in TRNC, as a doctor said

“ we are the best in the region and we can compete with even doctors in Europe”(Respondent 15).

Indeed there exist a great deal of good doctors, this is evident from the testimony of a recovering patient in the General Hospital in Lefkosia, he underwent a surgery by the doctor, he said,

“ ..... he is such a wonder doctor with a wonderful smile, he tells you everything will be okay just relax and when you wake up after the operation, you will be grateful to him, he is such a good man” (Respondent 37).

This is the testimony of an almost painless procedure a patient underwent in a state hospital. This excellent medical practitioner are littered in many hospital, a hospital Famagusta boost of having the best Embryologists in the whole of TRNC, this and many more is a testimony to good doctors. To improve the quality and supply of doctors and other medical personnel's their need to be training of doctors and other medical inclined students in the country, a medical practitioner noted that no school is TRNC has graduated their first batch of doctors, so more need to be done in the regard of training of doctors in the country.

“ ..tourism in TRNC is a mere shadow of what it should be, because of embargos , this embargos have shut is out from the world ‘’ (Respondent 18)

The above statement was in response to hindrances to the development of Medical tourism in TRNC, for this problem to be solved it will take the political will of the two states and recognition of TRNC by the United Nations, this problem has hindered the development of the tourism and other economic activities in TRNC, since they are not allowed direct access to the outside world except through Turkey, but hopes are been expressed by several individuals of a soon to be solution to the lasting problem, a correspondent put it thus.

“ .... Insha Allah, we will soon become a United Cyprus, with two Government.”, (Respondent 2)

This hopes are hard to suppress. The continuous allocation of blame of the economic woes on Embargos and Non-recognition is not shared by everyone to some, it is merely an excuse by the Government, this assertion has been made by some doctors and other medical practitioners, a doctor said,

“ .. a golden fish has no hiding place, if we are offering the world quality health care like other European countries people will come from across the world not minding the size of our airport or embargo”.(Respondent 22)

This view was shared by an academician who said

“ educational tourism is doing very well in TRNC with the embargo, this is because we are simply giving quality education, this I believe can be done in our medical sector to attract tourist” (Respondent 38).

Though the problems of non-recognition abound but the Government can look pass this problem as has been done in the educational sector, TRNC stands a chance of been one the World’s leading destinations for medical tourism.

“One of the benefits of medical tourism is that it can make the world recognize TRNC as a State, because of the good medical treatment we can give the world” (Respondent 15).

Globalization in a long way has helped solve the problem of embargo and non-recognition, as Cohen puts it “ Globalization is one of the major factors that has led to the development of medical tourism, this has led to the free flow of information and transfer of technological and skills through continuous professional training, this has made third world countries gain access to such technologies available in the developed Western world, this has only been possible through globalization”, (Cohen, 2008). The Government and people of TRNC can take advantage of opportunities provided to them by globalization, the internet is one of those avenues.

“small money” is a point raised by a respondent in his opinion about how cheap medical procedures should be, the prices for medical treatment should be made cheap across board, as a doctor in one of the major hospital put it, we offer the best medical services in TRNC, but it is too expensive for the poor, this is not good” (Respondent 29).

This is a problem being experienced in those South East Asian countries most especially in Malaysia, “ medical systems in some of these countries are battling the problem of making sure that the basic health or medical services covers her own citizens. In Malaysia there are two types of medical services provision one for the private sector with private services for those who can afford it and that of the public sector to cater for the rest of the population” (Nicole,S. and Kai, H. 2012). The medical services for some of these countries are only for the rich because it is not affordable by the poor, so the Government has to broaden its medical insurance package to cater for the poor to enable them gain access to world class medical services at a affordable price.

## **5.2 Conclusion**

Thailand, Singapore and Malaysia, India and Brazil are emerging markets for medical tourism and they have gained competitive advantages over the years. Thailand has gained ground in the aspect of aspect of Cosmetic surgery and sex change procedures and Singapore so far has been pulling patients from all across the world with issues of cardiovascular procedures, neurological and stem cell procedures, Brazil has gained ground in plastic surgeries just like Malaysia also. (Nicole, S and Kai, H, 2012).

Today these countries can boost of millions of tourist every year, this is because they have been able to adapt themselves to the needs of its customers. Medical tourism

can work in TRNC if a leaf is borrowed from other countries who are making giant strides in the medical tourism sector, TRNC has to adopt itself to the needs of the world around, though this is currently been done through the excellent IVF treatments conducted by many good hospitals with experts embryologists littered in many hospitals around the country.

To continue in this light and to expand to other procedures like plastic surgeries, aged citizens treatments and other aspects the Government has to invest massively in quality infrastructures and man power, for the facilities the Government can pattern with private hospitals to provide state of the art medical facilities and create a more friendly and attractive atmosphere just like the Near East Hospital in Lefkosia, this they achieved by altering the normal designs of hospitals to make them bear a semblance with very expensive hotels, they also created a friendly atmosphere this was achieved not only by their well trained man power but also by decorations and designs all over, they have also been able to transform the normal relationship between a doctor and his patient into a much more consultative one and not more an authoritative relationship.

Another innovation noticed in the hospital was the proper use of space a clear demarcation was made between indoor facilities, public arena treatment areas, this has been able to do away with the many awful sights and discomfoting odors regular in hospitals, also not forgetting the use of state of the art facilities to make medical procedure painless and also for quick recovery.

The giant stride been made currently in the Near East Hospital is a testimony to the possibilities of medical tourism possibilities in this Island state given its strategic

location as an advantage and its conducive climatic condition, its geographical position has placed it on advantage to gain medical tourist from the Middle East, Africa and other small Island states along the Mediterranean region.

The cost of medical procedures should be looked into, as a respondent reiterated ‘‘ policies, smiling faces and small money’’, small money refers to the fact that medical procedures should not just be cheap but affordable for even the local population.

‘‘...A golden fish has no hiding place...’’

This is respect to the fact that if quality medical services are offered in TRNC embargo will do little or nothing to stop the world from trooping in treatments here in this Island state, visitors already come for different countries to Near East hospital for different procedures, more work has to still be done on the quality of service delivery in other hospitals within TRNC.

### **5.3 Recommendation and Directions for Future Research**

Directions Future research in the field of medical Tourism in TRNC should focus on traditional or indigenous medical practices that can be commodified, like in the case of Thailand where their indigenous health practices was commodified, Cohen (2008) aptly puts it thus, commodification is a process that changes the market from a unique brand to a market based on competition. Thailand was able to convert its herbal medicines and massage treatment into a unique product that it could sell to the world, and that was one of the building blocks for medical tourism to strive. So future research should look into that direction.

In the Government quest to develop Medical Tourism in TRNC, all stake holders in the Tourism and Health sector should be all represented and contributions should be

well acknowledged, hotels should be involved or awakened to their role in the success of medical tourism, because it's their responsibility to making the healing worthwhile.

The research has reflected the fact that the private sector hospitals have been operating in isolation from the Government, the Government should extend a hand of support to those hospitals and assist in the provision of facilities or cut taxes to enable the private hospitals reinvest those monies into equipment's.

Quality should be the guiding principle for medical delivery, and a method of measuring the quality of medical service delivery should be developed, and different bodies involved in Accreditation of hospitals and medical tourism practices should be invited, such as WHO (World Health Organization), and also JCI (Joint Commission International) the world's number one medical tourism accreditor and other medical tourism brokers.

In an attempt not to take all the best doctors to private hospitals or to hospitals specialized for medical tourism, there should be a form of exchange program to ensure that those who are unable to afford the high cost of treatment in those specialized hospitals are able to receive that same quality for their local hospital.

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## **APPENDICES**

## **Appendix A: Survey questionnaires for medical tourism (MT) topic**

1. What is your opinion about MT?
2. What types of services are demanded by medical tourists?
3. Why do tourists travel to other countries to seek medical care/treatment?
4. Medical tourism is growing by 20% annually; what this does mean to you?
5. Is MD the same as health tourism?
6. Where in the world MD is experiencing rapid growth?
7. What is the most important aspect of MT for the consumers?
8. What is the extent of your investment in this regard?
9. What are your marketing strategies to attract this type of tourists?
10. Have you considered a suitable educational strategy on this topic?
11. MT comprises both medicine and tourism; this is complicating the issue; if possible, please comment on this?
12. Are you aware of challenges of coordination of this form of tourism?
13. What are those challenges; please comment?
14. Is medical treatment the only demand of this type of tourists?
15. If 'yes' or 'no' , please elaborate?
16. One factor for a successful MT is high-end service, facility and personnel; how will you manage this?

17. What are the negative impacts of MT?
18. Who are the stakeholders in MT?
19. Is the present condition suitable for MT in TRNC?
20. Supply of MT is highly dependent upon factors such as infrastructure, superstructure, promotion, quality and communication; is there an available capacity for these?

## Appendix B: Medical Practitiners, Specialization and Cities

The table below shows the number of all the registered doctors in TRNC and the specializations and cities. LF is Lefkosia, GN Girne GY Guzelyurt and M is Magusa.

Number of Specialist	Specialization	City			
		LF	GN	GY	M
1	Emergency Medicine Specialist	1	-	-	-
2	Forensic expert	1	1	-	-
7	Oral, Maxillofacial Surgery	5	1	1	-
25	Anesthesiology and Reanimation Specialist	14	-	8	3
7	Neurosurgery Specialist	5	-	-	2
1	Biochemistry and Clinical Biochemistry Specialist	1	-	-	-
3	Pediatric Surgery Specialist	2	1	-	-
1	Pediatric Endocrinology and Child Health and Disease Specialist	1	-	-	-
3	Child Health and Diseases Pediatric Immunology and Allergy Specialist	3	-	-	-
67	Child Health and Disease Specialist	31	12	7	17
2	Child Health and Diseases and Pediatric Hematology Specialist	2	-	-	-
1	Child Health and Diseases and Pediatric Cardiology Specialist	1			
1	Child Health and Diseases and the Pediatric Nephrology Specialists	1			
1	Child Health and Diseases and Child Neurology Specialist	1			
2	Child Health and Diseases and the Pediatric Oncology Specialists	2			
1	Newborn and Child Health and Disease Specialist	1			

5	Child and Adolescent Mental Health and Disease Specialist	4		1	
20	Skin and Veneral Disease Specialist	10	4	1	5
1	Dental Disease and Treatment Specialist	1			
160	Dentist	83	28	20	29
2	Endodontic Specialist	2			
6	Infectious Disease Specialist	5	1		
9	Physical Therapy and Rehabilitation specialist	4	2		3
29	General Surgery	10	9		10
9	Chest Disease Specialist	5			4
1	Thoracic and Cardiovascular Surgery Specialist		1		
42	Eye Health and Disease Specialist	26	7	2	7
1	Public Health Specialist		1		
4	Internal Medicine Endocrinology and Metabolic Diseases Specialist	3			1
50	Internal Medicine Specialist	34	4	5	7
2	Internal Medicine and Gastroenterology Specialist	1			1
1	Internal Medicine and Hematology Specialist	1			
1	Internal Medicine and Nephrology Specialist	1			
1	Internal Medicine and Rheumatology Specialist	1			
80	Obstetrics and Gynecologist Specialist	40	12	5	23
13	Heart Disease Specialist	13	2	1	3
32	Ear,Nose and Throat specialist	15	6	2	9
20	Neurologist	11	3		6
2	Oral diagnosis and radiology specialist	1	1		
13	Orthodontist	10	2	1	
26	Orthopedics and Traumatologist	14	6	1	5
9	Pathology Expert	5	4		
3	Pediatric and Dentistry Specialist	2		1	
5	Periodontic Expert	3	1		1
10	Plastic Surgery Specialist	7	1		2
1	Plastic and Reconstruction Surgeon and General				1

	Surgeon				
63	General Practitioner	19	13	4	27
6	Prosthesis Specialist	4		1	1
4	Radiation Oncology Expert	3			1
20	Radiologist	13	1	1	5
9	Mental health and disease specialist	9			
1	Sport Medicine Specialist	1			
14	Urologist	10			4