



ALEXANDRU IOAN CUZA UNIVERSITY OF IAȘI

Faculty of Geography and Geology

Doctoral School of Geosciences



DOCTORAL THESIS

ABSTRACT

Dynamics and Development Models in Contemporary Health Tourism.

Case Study: Successful Initiatives of the Republic of Turkey

Supervisor,

Prof.Dr. Corneliu IAȚU,

PhD Candidate,

Ana-Maria AGUDARU căs. Kütük

Iași, 2026

Dynamics and Development Models in Contemporary Health Tourism.

Case Study: Successful Initiatives of the Republic of Turkey

Supervisor,

Prof.Dr. Corneliu IAȚU

PhD Candidate,

Ana-Maria AGUDARU Kütük

Contents

ABSTRACT.....	4
1. INTRODUCTION: CONTEXT, MOTIVATION, AIM, OBJECTIVES AND HYPOTHESES	5
2. CONCEPTUAL AND THEORETICAL FRAMEWORK OF HEALTH TOURISM.....	6
3. LITERATURE REVIEW	7
4. RESEARCH METHODOLOGY.....	8
4.1. Research Design.....	8
4.2. Data Sources and Methods of Analysis	8
4.3. Legislative Analysis and the Use of MAXQDA 24.....	9
4.4. Empirical Study of Oncology Patients.....	10
4.5. Research Limitations	10
5. HEALTH TOURISM IN TURKEY	11
6. ORIGINAL CONTRIBUTIONS.....	11
6.1. Legislative Framework and Identified Gaps.....	11
6.2. Key Factors in Choosing Istanbul for Oncology Treatment.....	12
6.3. Possible Correlation Between International Students and the Development of Health Tourism	12
6.4. Acibadem Case Study	13
6.5. Social Media and Health Tourism	13
6.6. Health Tourism in the Context of the COVID-19 Pandemic.....	14
7. CONCLUSIONS AND ORIGINAL CONTRIBUTIONS	14
8. FUTURE RESEARCH DIRECTIONS	15
SELECTED BIBLIOGRAPHY	18

ABSTRACT

This doctoral thesis provides a broad and interdisciplinary analysis of health tourism, a field that is developing rapidly at the global level and has important economic, medical, and social implications. The research brings together perspectives from medicine, tourism, economics, legislation, and marketing and provides a clear theoretical and conceptual framework for understanding the development, forms, and importance of health tourism. It examines the main development trends in the field, the factors that influence international medical mobility, and the impact of this sector on national competitiveness and the global economy.

A central part of the research is the analysis of Turkey as a model of development in health tourism. The thesis highlights the development of the sector, its economic importance, medical infrastructure, and the strategies through which the country has become an important international destination for medical services. Particular attention is given to selected forms of health tourism and to the impact of the COVID-19 pandemic, including both existing weaknesses and the opportunities created by digitalisation and new trends in international healthcare.

The originality and scientific value of the thesis are supported mainly by its original contributions. The study provides a critical analysis of the legislative framework and identifies gaps in the regulation of health tourism, underlining the need for policies and standards suited to the sustainable development of the field. The research also introduces a new perspective on interdisciplinary development models based on the integration of medical services with education, tourism, and sport, showing their role in strengthening international competitiveness and the image of a medical destination.

In the context of globalisation and contemporary society, health tourism creates a link between need and opportunity. Healthcare is increasingly available beyond national borders, reducing the distance between diagnosis and treatment through science, mobility, and trust. Through its interdisciplinary approach, the relevance of its topic, and its original contributions, the thesis contributes to research in the field and provides useful points of reference for academia, public institutions, and future strategies for the development of health tourism.

1. INTRODUCTION: CONTEXT, MOTIVATION, AIM, OBJECTIVES AND HYPOTHESES

The thesis places the research within human geography and medical geography. Medical geography is presented as a field that studies health in relation to space and time and uses both quantitative and qualitative approaches to assess issues related to human health. On this basis, the study examines the connection between tourist mobility and the need for medical care. Health tourism therefore emerges from the meeting of two different but complementary fields: tourism, associated with mobility, experience, and services, and medicine, focused on prevention, treatment, recovery, and the improvement of health.

The motivation for the research is linked to the interdisciplinary nature of the topic and to the possibility of examining health, tourism, education, and culture together. The thesis shows that international medical mobility is encouraged by differences between national healthcare systems, including treatment costs, waiting times, access to technology and specialist care, service quality, and the availability of advanced infrastructure. Health tourism is therefore viewed both as an economic opportunity and as an expression of unequal access to healthcare. The literature used in the thesis also discusses ethical issues, including transplant tourism, reproductive tourism, and the consequences of treatment abroad when post-treatment continuity is limited (Connell, 2011; Cohen, 2015).

The general aim is to investigate the phenomenon from the international context to an in-depth study of Istanbul. The main objective is to examine the development of health tourism from its early forms to its contemporary structure, with particular attention to market dynamics, consumer behaviour, and the strategies used by competitive destinations. The specific objectives are to analyse the development of the field; examine Turkey as an international destination; introduce a multidisciplinary approach through cultural and educational dimensions; investigate the impact of social media; study a successful model; and identify legislative gaps in health tourism through international comparison.

The research hypotheses cover five main directions. The first links the competitive advantage of Turkey and Istanbul to the combination of medical technology, related services, and public policies, rather than to cost advantages alone. The second concerns the role of social media in the decision-making process of international patients. The third examines vertical integration between medical institutions, universities, and research centres. The fourth concerns the alignment of the national legislative framework with international standards and

the protection of cross-border patients. The fifth examines the COVID-19 pandemic as a factor that accelerated telemedicine and the digitalisation of the patient journey. These hypotheses provide the thematic structure of the research and are revisited in the studies and conclusions of the thesis.

2. CONCEPTUAL AND THEORETICAL FRAMEWORK OF HEALTH TOURISM

The conceptual chapter defines the main terms and follows their development over time. Health tourism is presented as a broader concept than medical tourism. In the definitions discussed, medical tourism involves international travel for specialised medical treatment or procedures, while health tourism also includes prevention, recovery, wellness, and activities aimed at maintaining or improving general health. Carrera and Bridges (2006) define health tourism as organised travel outside the home country to maintain or restore physical or mental well-being, while medical tourism is treated as a part of this wider field that involves medical intervention. The thesis adopts this distinction while noting that contemporary developments have made the boundaries between these categories less rigid (Carrera & Bridges, 2006; Connell, 2011).

The history of travel for health is traced from early therapeutic practices to contemporary medical tourism. A major change concerns the direction of patient flows. While patients from less developed areas previously travelled mainly to medical centres in developed countries, the literature reviewed in the thesis shows increasing flows from developed countries towards destinations in Asia, Latin America, and Central and Eastern Europe. Factors supporting this change include treatment costs, waiting times, population ageing, access to air transport, exchange-rate differences, and technological progress (Bookman & Bookman, 2007; Connell, 2006).

Health geography is relevant because health tourism is essentially a spatial phenomenon. Medical services, resources, infrastructure, and patients are unevenly distributed, and differences between places generate mobility. The thesis connects accessibility, the location of infrastructure, transport links, and destination attractiveness with patient flows. From this perspective, an international medical centre is not examined in isolation but as part of a destination that also includes airports, hotels, transfer services, translation, tourism facilities, and institutional structures.

The economic importance of health tourism is examined through its direct and indirect effects on income, investment, employment, and the development of related services. However, the thesis stresses that the economic dimension cannot be separated from ethical concerns. The commercial side of medical care, patient protection, provider responsibility, information transparency, continuity of care, and access to services for local populations are recurring issues. The development of the sector is therefore examined in relation to the need to balance competitiveness with standards of safety and fairness (Cohen, 2015; Hall, 2011).

3. LITERATURE REVIEW

The second chapter reviews the specialist literature on definitions, development, the current state of the field, determining factors, supply and demand, key actors, the international framework, and the interdisciplinary nature of health tourism. The literature points to rapid development but also to difficulties in comparison. One central problem is the absence of a common statistical definition. Differences between broad and narrow definitions of health tourism lead to different reporting of patient flows and revenues, making comparisons between destinations more difficult.

The determining factors identified in the literature include treatment prices, provider quality and reputation, access to technology, waiting times, international accreditation, tourism infrastructure, transport accessibility, safety, the legislative framework, and cultural compatibility. The Medical Tourism Index, discussed in the thesis, is presented as an example of efforts to assess the attractiveness of destinations in a structured way. The literature shows that patient decisions result from a combination of factors whose importance varies according to the procedure, country of origin, and patient profile (Fetscherin & Stephano, 2016).

Supply is created by a network of actors that includes hospitals and clinics, physicians, agencies and facilitators, insurance companies, travel agencies, accreditation bodies, public institutions, and international organisations. Demand is shaped by the need for treatment, cost, access, quality, and trust. The relationship between supply and demand is increasingly supported by digital platforms, websites, and social media, which make comparison, contact, and promotion easier but can also raise concerns about the quality and verification of information.

The thesis identifies several gaps in the literature. These include fragmented data, limited standardisation, dependence on case studies that are difficult to generalise, and the

presence of studies influenced by commercial objectives. It highlights the need for interdisciplinary research connecting economic issues with social, medical, legal, and technological dimensions. Another gap concerns the limited use of cultural and educational factors in explaining patient flows. These observations provide the basis for the applied contributions developed later in the thesis.

4. RESEARCH METHODOLOGY

4.1. Research Design

The methodology is designed for a field at the intersection of medicine, economics, geography, and sociology. The thesis describes three stages of the research process: a critical review of the literature and selection of relevant references; construction of the database; and processing of data and information. Analytical methods are used to understand the phenomenon as a whole, statistical methods are used to identify impacts and relationships between variables, and case studies are used to examine specific situations. The study area includes both receiving countries and countries of origin, with a focus on Turkey and on the geographical, economic, cultural, and political relationships that shape medical mobility.

The theoretical research consists of a critical review of national and international literature. The quantitative component uses official statistical data from the Turkish Ministry of Health, USHAŞ, the World Health Organization, and other bodies. The qualitative component is based on case studies, content analysis, and comparative analysis. The methodology chapter also discusses methods used in international research, including interviews, observation, focus groups, questionnaires, statistical analysis, mixed methods, GIS, content analysis, SWOT, regression, AHP, and other techniques, in order to position the present research within established approaches in the field (Crooks et al., 2011; Voigt & Pforr, 2014; Hall, 2011).

4.2. Data Sources and Methods of Analysis

The thesis uses both secondary and primary sources. Secondary sources include scientific articles indexed in Scopus, Web of Science, and PubMed, reports by international organisations, documents issued by national authorities, public policies, legislation, and reports from medical centres and private groups. Digital sources, including official websites and social media, are also examined. Primary data are included through indirect observation and

comparative case-study analysis. The stated criteria for data collection are validity, relevance, and the use of up-to-date information.

The main method identified in the thesis is qualitative content analysis, applied to the literature, official documents, and institutional reports. Comparative analysis is used to examine differences between regions, healthcare systems, legislative frameworks, and infrastructure. The digital component uses thematic analysis and interpretation of online content. Regression is used in the oncology study, while the legislative analysis uses coding supported by MAXQDA 24. The research therefore combines documentary analysis, statistical analysis, and case studies. It does not claim to include a direct survey based on questionnaires or interviews with patients; on the contrary, the absence of such direct research is explicitly identified as a limitation.

4.3. Legislative Analysis and the Use of MAXQDA 24

For the analysis of the legislative and public policy framework, documents were identified through a search strategy covering official, institutional, and academic sources. National sources include the Official Gazette of Turkey, the Ministry of Health, the Ministry of Culture and Tourism, the Presidency of Strategy and Budget, and USHAŞ. International and regional sources include WHO, OECD, UN Tourism, WTO/GATS, the World Bank, ISO/TC 228, the European Commission, Directive 2011/24/EU, and regional documents. Academic literature was searched in Scopus, Web of Science, PubMed, and Google Scholar. Documents were selected according to their regulatory relevance and their ability to explain the development of medical tourism policies.

The analysis of the 16 selected strategies and documents was carried out using MAXQDA 24. The coding system was established after an initial critical review and included themes such as international alignment, the regulatory framework, market and economy, patient orientation and rights, critical gaps, economic and ethical tensions, governance, and medical tourism. Coding was selective and focused on passages expressing relevant causal relationships concerning the way Turkish legislation and public policies align with international standards. In total, 360 paragraphs from 16 documents covering 878 pages were coded, with 1,299 code assignments. The minimum threshold was two codes per paragraph.

Code Map and Code Matrix Browser were used to present the results. Code Map examines intersections between codes in the analysed segments, with closer codes indicating that they were often assigned together. To distinguish recurring patterns from occasional

associations, a minimum threshold of 15 intersections was set, representing approximately 4.2% of all coded passages. Code Matrix Browser shows the distribution of codes across documents and document categories. In the thesis, this procedure is used to identify themes and causal relationships within the legislative corpus.

4.4. Empirical Study of Oncology Patients

The oncology case study uses a sample of 3,077 international patients from 33 countries who received oncology services in Istanbul between 2016 and the first quarter of 2020. The indicators include the clinic's total revenue, cultural distance, the presence of a regional representative, geographical distance, and length of stay. Cultural distance is calculated using the Kogut-Singh formula based on Hofstede's dimensions; the presence of a regional representative is entered as a binary variable; geographical distance is calculated between the capital of the country of origin and Istanbul; and length of stay is derived from hospitalisation data.

The regression model presented in the thesis shows that 54% of the variation in total revenue is explained by length of stay, the presence of a regional representative, and cultural distance. Length of stay and the presence of a regional representative are significant at $p < .001$, while cultural distance is significant at $p = .028$. Geographical distance is not a significant predictor, $p = .393$. The thesis interprets these results as showing that longer stays are associated with higher revenue, while the absence of regional representation and greater cultural distance are associated with lower revenue. The study therefore introduces cultural distance as a quantitative variable in the analysis of the performance of an institution involved in medical tourism.

4.5. Research Limitations

The thesis explicitly states the limitations of the research. The strong use of secondary sources creates dependence on the quality and comparability of existing studies. Limited access to clinical databases and internal institutional information restricts the possibility of broader quantitative analysis. The dynamic nature of the field, especially after the COVID-19 pandemic, means that some data may become outdated quickly. Social media content may also be influenced by marketing and subjective perceptions. In addition, the absence of direct empirical research through questionnaires or interviews with patients and sector stakeholders is recognised as a limitation, as direct access is restricted by data confidentiality and the sensitive nature of medical procedures.

5. HEALTH TOURISM IN TURKEY

The chapter on Turkey examines the development of the sector, its current situation, economic importance, and selected forms of health tourism. Turkey is analysed in terms of its geographical position, international connectivity, medical infrastructure, public and private investment, the number of accredited institutions, and its capacity to combine medical services with tourism. USHAŞ data cited in the thesis report 1,143,627 medical tourists in 2019, 435,691 in 2020, 729,592 in 2021, 1,381,807 in 2022, and 1,538,643 in 2023. In the first half of 2024, 801,723 health tourists are reported (Republic of Türkiye Ministry of Health, 2010–2024).

The decline in 2020 is linked to the pandemic, while the later recovery is used to discuss the sector's ability to recover. Istanbul has a central position because of its concentration of infrastructure, private hospitals, specialised clinics, and air connections. The thesis discusses cost advantages for certain procedures, international accreditation, medical staff, and government support, while also noting weaknesses identified in the literature, including uneven language skills, the lack of common standards, problems with insurance compatibility, regional instability, and legislative uncertainty.

In its analysis of forms of health tourism, the thesis gives particular attention to aesthetic tourism and other specialisations with international visibility. Their development is linked to competitive prices, medical expertise, infrastructure, and promotion. At the same time, the thesis stresses the need for authorisation, transparency, and quality control, since rapid expansion and intensive promotion can create differences between commercial image and the actual level of services.

6. ORIGINAL CONTRIBUTIONS

6.1. Legislative Framework and Identified Gaps

The legislative analysis examines the development of medical tourism regulation in Turkey during 2015–2025 and compares it with international documents and standards. The thesis reviews national legislation, ministerial strategies, USHAŞ documents, and international references concerning patient mobility, safety, ethics, and quality. The results identify the modernisation of the framework through measures concerning authorisation, promotion,

telemedicine, and tariffs, while also identifying weaknesses that remain relevant to the governance of the sector.

The gaps identified include the absence of standardised clinical outcome indicators that are publicly available, limited independent monitoring mechanisms, the mainly sector-based nature of regulation, and the risk of combining promotional and regulatory functions. The thesis also discusses the risk that growth in the international market may draw human resources towards services for foreign patients, with possible consequences for local access to healthcare. Comparison with Directive 2011/24/EU, ISO standards, and documents from international organisations is used to identify areas where alignment and standardisation can be strengthened.

6.2. Key Factors in Choosing Istanbul for Oncology Treatment

The empirical contribution of the oncology study lies in examining factors that are less often used in analyses focused on cost and quality: cultural distance and the presence of regional representatives. The regression results show that length of stay, regional representation, and cultural distance are related to clinic revenue, while geographical distance is not statistically significant. In the interpretation presented in the thesis, cultural proximity and the presence of an institutional intermediary in the country of origin may reduce barriers related to trust and communication and may influence institutional performance. The result supports the inclusion of the cultural dimension in medical tourism research alongside economic and logistical variables.

6.3. Possible Correlation Between International Students and the Development of Health Tourism

Another contribution is the exploration of the relationship between educational mobility and medical tourism. The thesis begins from the growth of international education and the role of international students in shaping the image of a destination. The study examines the development of medical tourism in Turkey, trends in educational mobility, and, in particular, the position of medical students. They are considered as future professionals, users of the healthcare system, and potential cultural and language intermediaries.

This contribution is presented as a new perspective and a possible correlation, rather than as a definitively proven causal relationship. The thesis argues that international students may indirectly contribute to the reputation of the healthcare system and to secondary patient flows through family, friends, and professional networks. The educational dimension is

therefore introduced into the analysis of health tourism as a factor that may complement infrastructure, cost, and clinical reputation. The study published by Agudaru and Taran is used to support this exploratory relationship (Agudaru & Taran, 2023).

6.4. Acıbadem Case Study

The Acıbadem case study examines an interdisciplinary model in which medicine is connected with tourism, education, and sport. In the medical field, the thesis follows the development of the network, its infrastructure, specialisations, and services for international patients. The tourism component examines services that support treatment, including communication, translation, transfers, and organisation of the patient journey. The educational component is represented by the university and the relationship between training, research, and medical practice, while the sports component highlights the extension of activities into sports medicine and performance.

The model is relevant because it shows that development in health tourism is not limited to the operation of a hospital. The institution is examined as an integrated structure in which medical care is supported by related services, education, and complementary activities. The case study concludes that this connection contributes to a more complete offer for international patients and provides an example for understanding institutional models of development.

6.5. Social Media and Health Tourism

The thesis examines the literature on the use of social media by medical institutions and carries out a keyword-based analysis. Instagram searches include #healthtourismturkey, #medicaltourismturkey, #healthtourismistanbul, and #medicaltourismistanbul. The results are compared with the list of organisations authorised by the Ministry of Health. At the time of the analysis, the document reports 636 hospitals, 984 health tourism agencies, 172 health centres, and 1,793 authorised clinics.

The results show active use of Facebook and Instagram to promote services, communicate with clients, and encourage interaction. Published content includes videos, images, health information, testimonials, success stories, and material about treatments. The thesis finds that most of the analysed organisations that actively use Instagram are authorised and have an official website and a clear institutional image, but it also identifies entities promoting services without authorisation. Social media is therefore viewed as an important marketing and communication tool, while the analysis also raises the issue of verifying providers and medical information.

6.6. Health Tourism in the Context of the COVID-19 Pandemic

The analysis of the pandemic examines its global effects on health, the economy, and tourism, followed by its consequences for health tourism in Turkey. Travel restrictions, lockdowns, pressure on healthcare systems, and the postponement of procedures led to a sharp decline in medical mobility. The thesis shows that the pandemic strongly affected Turkey, including through lower tourism revenue, but also notes that the decline in medical tourism was followed by recovery in subsequent years.

The solutions and opportunities discussed include safety measures, government support, promotion, telemedicine, digitalisation, and the adaptation of facilities to new requirements. In the thesis conclusions, the experience of the pandemic is linked to the need for resilience and the ability to adapt. The later increase in the number of international patients is used to support the view that the decline in 2020 was temporary and that investment in the sector continued.

7. CONCLUSIONS AND ORIGINAL CONTRIBUTIONS

The general conclusion of the thesis is that health tourism is a multidimensional phenomenon that cannot be explained only by treatment costs. The development of a destination depends on infrastructure, the quality of medical care, public policies, accessibility, related services, culture, education, regulation, and digitalisation. The study of Turkey highlights the relationship between public policies and a dynamic private sector, while Istanbul is examined as a place where infrastructure, services, and international patient flows are concentrated.

For the specialist literature, the contribution of the thesis lies first in broadening the analytical framework. The cultural dimension is measured in the oncology study through cultural distance, and the statistical result indicates its relevance alongside length of stay and regional representation. The educational dimension is introduced through the exploration of the relationship between international students, especially medical students, and the image of the healthcare system. These two directions complement approaches focused mainly on cost, infrastructure, and reputation.

A further contribution is the systematic analysis of the legislative and public policy framework, based on 16 documents and strategies and carried out with MAXQDA 24. Through the coding of 360 paragraphs and the examination of themes that appear together, the thesis

studies the relationships between regulation, the market, patient rights, governance, and international alignment. The results are used to identify gaps concerning the transparency of clinical outcomes, monitoring, patient protection, and alignment with international standards.

The Acıbadem study contributes by presenting an interdisciplinary institutional model, while the social media analysis adds the dimension of digital communication and provider authorisation. The analysis of the pandemic extends this perspective through discussion of resilience, telemedicine, and digitalisation. Together, these components support the central idea of the thesis: health tourism should be examined as a system in which medicine, tourism, education, culture, legislation, and technology are closely connected.

For practice, the thesis highlights the need for standardisation, patient protection, authorisation, and transparency. The oncology study indicates the value of regional representation and cultural adaptation. The Acıbadem case shows the importance of coordinating medical and related services. The social media analysis shows the major role of digital channels but also the need to verify providers. The legislative analysis supports the need for governance that balances competitiveness with patient safety and rights. In the thesis, these implications are presented as findings that may inform institutional strategies and policies for the development of health tourism.

8. FUTURE RESEARCH DIRECTIONS

The thesis proposes five main directions for future research. Based on the findings and issues examined throughout the study, these directions concern technological changes in medical services, the development of the legislative framework, the possible use of lessons from Turkey in Romania, further interdisciplinary research, and greater attention to patient safety.

The first research direction concerns the development of digital technologies in healthcare. The growth of telemedicine, the use of artificial intelligence, and the secure transfer of medical information can directly influence the way services for international patients are organised. In health tourism, the relationship between the patient and the medical institution usually begins before travel and may continue after the patient returns home. For this reason, remote consultations, the transfer of medical documents, and post-treatment monitoring require greater attention in future research. At the same time, the use of digital technologies should be

examined together with the protection of medical data and the security of information exchanged between patients and medical institutions.

The second direction concerns improving the legislative framework and bringing it closer to international standards. Patient mobility between countries requires clear rules concerning patient rights, the responsibility of medical providers, service quality, and data protection. The legislative analysis in the thesis shows the importance of continuing comparative research and examining how national regulations respond to changes in health tourism. Future studies may give particular attention to the protection of international patients, transparency in medical services, and the responsibility of the institutions involved. Bringing national legislation closer to international standards may improve patient safety and strengthen trust in health tourism destinations.

The third direction concerns the possible adaptation in Romania of certain elements identified in the Turkish case. The experience analysed in the thesis can provide a useful point of reference for studying how Romania's existing resources might be used more effectively in health tourism. This does not mean copying the Turkish model, but identifying elements that may be adapted to national conditions and resources. In Romania, spa and balneary resources may be examined in relation to preventive medicine, medical recovery, infrastructure development, and the use of medical technologies. International accreditation and greater visibility for Romanian medical services may also be important topics for future research. Comparative studies between Romania and Turkey could help identify existing strengths and areas that require further development.

The fourth direction concerns further interdisciplinary research in health tourism. The findings of the thesis show that the phenomenon cannot be examined only from a medical, tourism, or economic perspective. Patient mobility is influenced by several factors, including the location of medical services, destination accessibility, infrastructure, costs, cultural characteristics, and the conditions available for treatment and recovery. From the perspective of health geography, future research may examine more closely the relationship between space, health, and patient mobility. The COVID-19 pandemic also showed the need to study how institutions and destinations adapt during periods of crisis. Continued interdisciplinary research can provide a more complete understanding of the factors that influence the development and competitiveness of a health tourism destination.

The fifth direction concerns patient safety and the relationship between economic development and the quality of medical services. Growth in the number of international patients and in health tourism revenue are important indicators of sector development, but they should be examined together with medical outcomes and the protection of patient rights. Future research may focus more closely on service quality, treatment outcomes, the responsibility of medical institutions, and mechanisms that protect patients who choose treatment abroad. It is also necessary to examine the effects of health tourism development on the healthcare system and on local access to medical services. Economic benefits should therefore be considered in direct relation to the quality of medical care and patient safety.

These five directions naturally continue the themes developed in the thesis and show the need for further research in a field that is constantly changing. Technology, the legislative framework, the possible use of elements of the Turkish model in Romania, the interdisciplinary nature of the research, and patient safety are the main themes that may guide future studies. Their examination may contribute to a better understanding of the development of health tourism and to international medical services in which economic growth is accompanied by quality, responsibility, and patient protection.

SELECTED BIBLIOGRAPHY

1. Agudaru, A. M., & Taran, A. (2023). A nexus between foreign students, foreign medical students, international tourism and health tourism – Global trends and the case of Turkey. *Eastern Journal of European Studies*, 14(SI Special Issue), 159–178. <https://doi.org/10.47743/ejes-2023-SI09>
2. Bookman, M. Z., & Bookman, K. R. (2007). *Medical tourism in developing countries*. Palgrave Macmillan.
3. Carrera, P., & Bridges, J. F. P. (2006). Globalization and healthcare: Understanding health and medical tourism. *Expert Review of Pharmacoeconomics & Outcomes Research*.
4. Cohen, I. G. (2015). *Patients with passports: Medical tourism, law, and ethics*. Oxford University Press.
5. Connell, J. (2006). Medical tourism: Sea, sun, sand and surgery. *Tourism Management*, 27(6).
6. Connell, J. (2011). *Medical tourism*. CABI Publishing.
7. Crooks, V. A., et al. (2011). What is known about the patient's experience of medical tourism? A scoping review. *BMC Health Services Research*.
8. Fetscherin, M., & Stephano, R.-M. (2016). The medical tourism index: Scale development and validation. *Tourism Management*, 52.
9. Hall, C. M. (2011). Health and medical tourism: A kill or cure for global public health? *Tourism Review*.
10. Joint Commission International (JCI). (2000-2024). *Accreditation standards reports*.
11. Lunt, N., Horsfall, D., & Hanefeld, J. (2016). *Handbook on medical tourism and patient mobility*. Edward Elgar Publishing.
12. OECD. (2011-2024). *Medical Tourism: Treatments, Markets and Health System Implications*.
13. Puczkó, L., & Smith, M. (2017). *The Routledge handbook of health tourism*. Routledge.
14. Republic of Türkiye Ministry of Health. (2010-2024). *Health tourism statistics (USHAŞ Reports)*.
15. Smith, M., & Puczkó, L. (2013). *Health and wellness tourism*. Routledge.
16. Tengilimoğlu, D. (2017). *Sağlık Turizmi*. Ankara: Nobel Akademik Yayıncılık.

17. Voigt, C., & Pforr, C. (Eds.). (2014). *Wellness tourism: A destination perspective*. Routledge.
18. World Health Organization (WHO). (2000-2023). *Global reports on health equity*.