

## **Spatial differences in Hungarian medical tourism supply based on service providers' online presence**

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### **Abstract**

Medical tourism is a relatively new field in Hungarian health tourism development, with significant growth potential. The paper presents the findings of an Internet-based research project that aims to explore the fundamental characteristics of medical tourism in Hungary. The key issues discussed in the framework of the analysis are the interrelationship of healthcare and tourism on the one hand, and the spatial distribution of medical services and treatments on the other hand. The research identified four main segments of the Hungarian medical tourism product: (1) the international tourism- and expatriate-oriented healthcare of Budapest, (2) the socio-geographically determined medical practices located near the Austrian border, (3) the combination of traditional spa culture and latest medical technology in the classical spa towns, and (4) the fast developing regional centres of the periphery.

**Keywords:** medical tourism, health tourism, medical services, online communication, Hungary

### **Introduction**

Following the 1919 Trianon Peace Treaty ending World War I, in a referendum held in December 1921, the citizens of Sopron expressed their wish to belong to Hungary instead of Austria after the borderlines would be drawn (L. NAGY, Zs. 1991). Despite this honourable gesture of the "most faithful town", Sopron has been and still is strongly tied to the neighbouring Austrian region, Burgenland, long after the dictated war settlement was set (JANKÓ, F. 2009; GYŐRI,

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R. and JANKÓ, F. 2009). As a result, nowadays tourism is an outstanding and thriving element of the Schengen cross-border area, with shopping and dental tourism being the most stable components (BERTALAN, L. *et al.* 2010). This story goes back to that period of the socialist era when the iron curtain started to unravel, and the one-party state turned a blind eye on the “capitalistisation” of Sopron in order to increase Hungary’s revenues in Austrian Schilling (i.e. in convertible currency) (MICHALKÓ, G. 2004). Thanks to this, the retail and catering businesses of the historic town flourished already in the decade preceding the political transformation, beauty shops opened and a new phenomenon appeared: the introduction of private dental surgeries (BÜNTEEN, K. 2006). The development of supply was influenced mostly by Austrian demand: the tourist milieu of Sopron, together with the great-value-for-money services, strongly attracted the citizens of Burgenland (*Photo 1*). The Sopron model has been imitated, with varying degrees of change, by other West Hungarian towns among which Mosonmagyaróvár – situated by the Budapest–Vienna motorway built in the meantime – seems to be the most successful rival.

In the Hungarian cities that benefit from the synergies of the symbiosis of shopping and dental tourism, medical services are to be developed



*Photo 1.* An advertisement of dental tourism along the primary road from Budapest to Sopron. Photo by MICHALKÓ, G.

together with retail trade, both in quantity and quality. While in the creation of retail spaces (e.g. shopping centres, markets, pedestrian precincts) local governments have also been involved, medical services beyond general public healthcare (e.g. private surgeries or clinics) could rarely count on regional or state support (NAGY, L. 1999). The involvement of Hungarian health services in tourism development, especially before 1990, progressed spontaneously, without any central initiative or planning; only after the change of government in 2010 did the opportunity of worthwhile state support arise. According to the New Széchenyi Plan announced in 2011, the government emphasizes the significance of drawing non-public or non-municipal medical services into tourism more efficiently than before, in addition to the qualitative development of health tourism that has already been considered state priority<sup>4</sup>. This way the national tourism policy aims to adapt to the current international market trends (MICHALKÓ, G. *et al.* 2009). Hungarian decision-makers have realised that within health tourism, medical tourism is the fastest developing sector, reaching a 60 billion USD annual turnover worldwide (HEUNG, V. *et al.* 2010). An increasing number of developing and moderately developed countries are striving to benefit from the market niche created by the relationship of healthcare and tourism, often supported by their respective governments (LAUTIER, M. 2008; WHITTAKER, A. 2008; HELMY, E. and TRAVERS, R. 2009; LEE, C. 2010; WARF, B. 2010; ORMOND, M. 2011; YU, J.Y. and KO, T.G. 2011).

Little is known about the operations of the Hungarian health tourism market, since official data collection or comprehensive research has not been done on this topic. In order to better understand the subject, we explored the supply side by investigating online advertisements of medical services. Our starting point was that foreigners, who want to use medical services in our country, are most likely to search on the Internet, which is the most often used information source (together with word-of-mouth recommendations from relatives and friends). Consequently, it is in the interest of each medical supplier to advertise itself in the language of the target market on the Internet. This study uses a database compiled of 638 Hungarian suppliers' homepages to analyse the spatial and professional features of medical tourism, with special emphasis on the relationship of medical and tourist services.

### Theoretical background

In the last few years, significant progress has been witnessed in the field of medical tourism research. On the one hand, the number of publications written on the topic has been multiplied and, on the other hand, the range of journals

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<sup>4</sup> <http://www.ujszechenyiterv.hu/>

discussing the latest results of medical tourism research has widened. This reflects the fact that the investigated phenomenon has opened new, unfamiliar dimensions in the sciences studying healthcare and tourism, and these dimensions have a high social and economic relevance.

Medical tourism is a relatively clear theoretical term: most authors agree that those travels belong to this category where the participants' primary motivation is to use treatments provided by physicians in another country (SOBO, E. 2009; KANGAS, B. 2010; WHITTAKER, A. *et al.* 2010). Although the range of medical treatments used within the framework of medical tourism is wide, most trips are typically connected to dental surgery (LEGGAT, P. and KEDJARUNE, U. 2009), plastic surgery (CONNELL, J. 2006; AIZURA, A. 2009; ACKERMAN, S. 2010) and gynaecological treatments (YE, B. *et al.* 2011). The development of medical tourism is not location-specific, and the level of general socio-economic development is not an obvious advantage or disadvantage regarding its increase. This is explained by the relatively mobile nature of the core attraction component of the tourist product, i.e. the physicians and their professional knowledge. In comparison with other health tourism products, for example thermal water tourism, which is tied to hydro-geological resources, medical tourism is less dependent on location. Medical knowledge is universal, and mobility – both in the periods of studies and employment – is facilitated both by the Latin language used in medicine and by English being a tool of international communication among physicians. Developed countries usually have high quality but expensive healthcare systems; in developing countries the quality of basic healthcare is generally rather low, however, certain clinics that provide luxurious facilities are able to compete with the services of developed countries in terms of quality as well, but at more favourable price level. All these lead us to reinforce the former statement: within health tourism, medical tourism is one of the most global sectors, and by now research has progressed beyond the initial narrative approaches exploring the characteristics of supply and demand flows, and focuses on the complex problems of the phenomenon.

Since the developing and the moderately developed countries have also realised the opportunities in medical tourism, the growing tourist demand has raised questions that attracted less attention previously. One of these issues is health insurance, introducing the dilemma of financing medical treatments abroad for citizens of developed and moderately developed countries (SHEAFF, R. 1997; COHEN, G. 2010; KINCSES, GY. 2010). Further significant issues are quality assurance and consumer protection, especially responsibility related to after-care, as well as complaints generated by medical malpractice, and the international legal regulation of guarantee systems (BEZRUCHKA, S. 2000; SVANTESSON, D. 2008; BIRCH, D. *et al.* 2010; JEEVAN, R. *et al.* 2011). Ethical questions are equally important, focusing, among others, on donors or recipients

of organ transplants, embryo implantations, stem and sperm banks (RHODES, R. and SCHIANO, T. 2010; WHITTAKER, A. and SPEIER, A. 2010). Partly arising as an ethical question and partly concerning socio-economic effects is the issue of state financial support given to local citizens' healthcare in medical tourist destinations in comparison with the amount spent to promote medical treatments for foreign citizens (BIES, W. and ZACHARIA, L. 2007; BAUER, I. 2008; JOHNSTON, R. *et al.* 2010). A special aspect of medical tourism is the cultural, linguistic, ethnic and religious embeddedness of treatments, and the exploration of related conflicts (CHAMBERS, D. and MCINTOSH, B. 2008; HORTON, S. and COLE, S. 2011; MOGHIMEHFAR, F. and NASR-ESFAHANI, M. 2011).

One actor behind the fast development of medical tourism is marketing communication presenting medical treatments, tourist services, and destinations features and attractions. Despite the fact that health generally plays an important role in consumer marketing (especially due to advertisements by the pharmaceutical industry and to societal marketing promoting healthy lifestyles), tourism is less actively present in this field (GRANZIN, K. *et al.* 1998; STREMERSCHE, S. 2008). While the advertisements of health and wellness hotels can be seen on television and on billboards, marketing communication messages promoting medical treatments are only moderately present in the traditional media channels (CROOKS, V. *et al.* 2011). The most efficient platform for cross-border messages of medical practices, clinics and hospitals is provided by the Internet. Some specific features of certain diseases and the confidential nature of preliminary contact with potential tourists (i.e. patients) require the operation of relatively closed channels. Consequently, it has been recognized that the wide range of information available on websites can be used as a database for surveys on medical tourism (LUNT, N. *et al.* 2010; CORMANY, D. and BALOGLU, S. 2011).

### Research methods

Despite the fact that health tourism is one of the leading tourism products in Hungary, the availability of relevant statistical data is rather limited. The Central Statistical Office has been publishing data on the demand and supply of health and wellness hotels since 2004, but data collection on the demand of spas started only in 2009, and up to this day there is no comprehensive information available, due to the service providers' passive resistance. Concerning Hungarian medical tourism, it is such a new area of the market that practically no statistical data are available. Only healthcare data can be used as a starting point, however, in the registry of the NPHMOS<sup>5</sup> only the number of clinics

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<sup>5</sup> National Public Health and Medical Officer Service (ÁNTSZ)

(not the number of practising physicians) can be found, while the Ministry of National Resources responsible for healthcare does not follow physicians' mobility within the country, thus it does not have a current database on how many physicians practise in the private clinics specialised in certain medical fields in certain settlements.

Though existing databases make some speculative approach on medical tourism possible, we cannot use them to determine the actual demand or patients' primary motivations. A good example may be the analysis of the number of inhabitants per dentist in a settlement, since it may point out the potential presence of medical tourism: if the indicator is significantly under the national average, we may conclude that besides local inhabitants, visitors are also attracted by the given health service, otherwise the business would not be profitable.

Analysing the number of inhabitants per dentist, we can see in *Table 1* that certain settlements of the Western Transdanubia region have the most favourable indicators. Besides Hévíz and Bük, the strongholds of Hungarian medical tourism, several towns and villages located along the Hungarian–Austrian border are extremely well provided with dentists. This data does not reflect on the local inhabitants' bad teeth, rather is related to satisfying the needs of Austrian visitors. In the list of 154 settlements based on the quantitative indicators of dental services, Budapest and Szeged are ranked among the top ten; the excellent positions of both cities are due to their international urban functions, the former is the capital of Hungary, while the latter is a regional centre by the Hungarian–Serbian border. Nevertheless, all these assertions are, of course, speculation only, and the data in *Table 1* only serve to illustrate the methodology of the evaluation of spatial differences in Hungarian medical tourism.

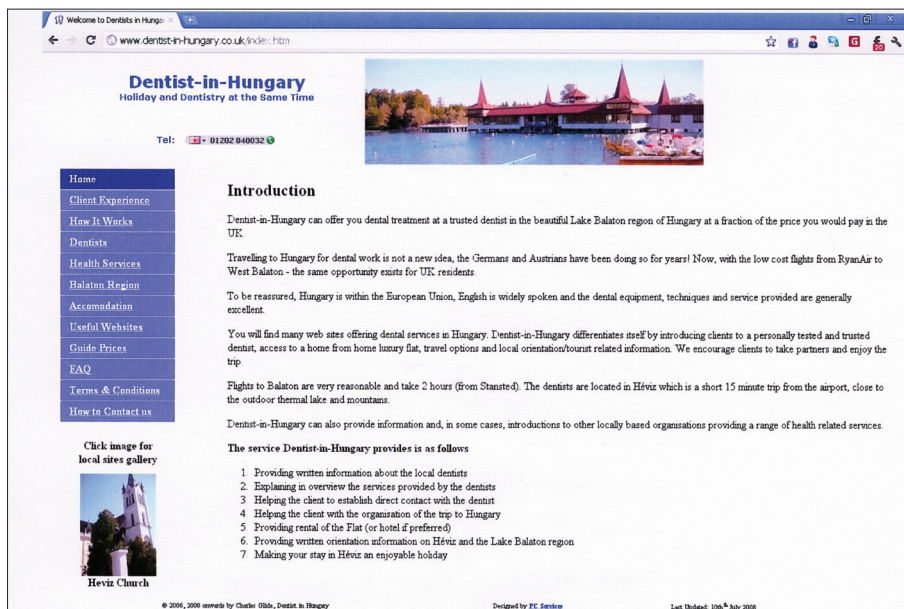
*Table 1. Assumed locations of dental tourism in Hungary, 2007*

Name of settlement	Number of dentists	Number of inhabitants	Number of inhabitants per dentist
Hévíz	18	4,464	248
Bük	12	3,305	275
Mosonmagyaróvár	73	31,071	426
Sopron	128	56,869	444
Sé	3	1,388	463
Fertőd	7	3,402	486
Szentgotthárd	13	9,082	699
Szeged	196	163,259	833
Budapest	1,972	1,705,309	865
Jánosháza	3	2,696	899
<i>Hungary total</i>	<i>4,918</i>	<i>10,076,581</i>	<i>2,049</i>

*Source:* Ministry of Health, Hungary, 2008

Since there is no data available on Hungarian medical tourism demand that would be suitable for a comparative analysis of spatial and temporal processes, we need to investigate the supply side. Our database was created using the assumption that medical services can most effectively address their potential costumers through websites accessible on the Internet. Information available online, the content and graphical design of websites help customers compare services, estimate value-for-money and book in advance. Hungarian medical providers use several solutions to create an online presence: some operate their own multi lingual websites, others are included in various international databases (professional, intermediary etc.), and some take advantage of both opportunities (*Photo 2*).

In order to obtain a complete picture of the online presence and the possible tourist role of Hungarian medical services that may be used for spatial comparison, we have categorised the selected websites by medical field, and analysed their contents. Data collection was carried out by students of the Tourism Department of Kodolányi János University of Applied Sciences. The students' task was to use optional searching methods to find as many websites as possible of dentists, dental technicians, surgeons, plastic surgeons, dermatologists, otolaryngologists, ophthalmologists, urologists, gynaecolo-



*Photo 2.* One of the websites advertising Hungarian dental tourism that builds upon the synergies of medical tourist supply in Hévíz. (Source: <http://www.dentist-in-hungary.co.uk/index.htm>)

gists, cardiologists, oncologists, osteopaths, rheumatologists, homeopaths and naturopaths, with the condition that they practise in Hungary and, based on the multilingual contents of their websites, provide or potentially could provide services to foreigners as well. In parallel with data on medical services, students also had to collect information on tourist services (e.g. accommodation, airport transfer, travel arrangements for patients etc.) offered on the websites. Data collectors had to fill in an Excel sheet with the content of the analysed websites. Data collection took place from March to May in 2010. Since there was no contact among the students, the resulting databases significantly overlapped. Duplicates were screened and removed during post-data cleaning using partly manual, partly electronic methods. Data cleaning was complicated since certain providers (e.g. clinics, private hospitals) may offer several services simultaneously, thus several students found the same providers and recorded their data in different medical field categories. The original database consisting of more than 1,300 items was reduced, through multiple rounds of screening, to 638 clinics, practices, physicians and other medical providers offering altogether 1,028 services<sup>6</sup>.

Evaluating the data collection method, it shall be noted that it was not possible to obtain a complete inventory of the Hungarian medical tourism supply, and the analysed service providers do not represent the total Hungarian market. Not all service providers with multilingual websites are necessarily actors of international medical tourism, the foreign language content may also be explained by an attempt to follow global trends, may be linked to the criteria of certain tenders or may be an operational precondition in the expatriate market (especially in the case of clinics providing a wide range of services in the capital). However, despite the methodological limitations, the authors believe that the collected data give an adequately detailed insight into the services offered in Hungarian medical tourism.

## Research results

### *Spatial differences of supply*

In 2010, medical providers that offer foreign language content on their website, i.e. those who might be considered potential actors in tourism, represent only 76 settlements in Hungary, a fragment of the total number of 3,150 settlements (*Figure 1*). Since 57% of the treatments are concentrated in Budapest, the sup-

<sup>6</sup> In the case of service providers operating at several geographical locations, either their largest or their primary practice was selected as the basis of their spatial classification (the selection was made by the researchers on the basis of the information conveyed by the companies on their own websites).



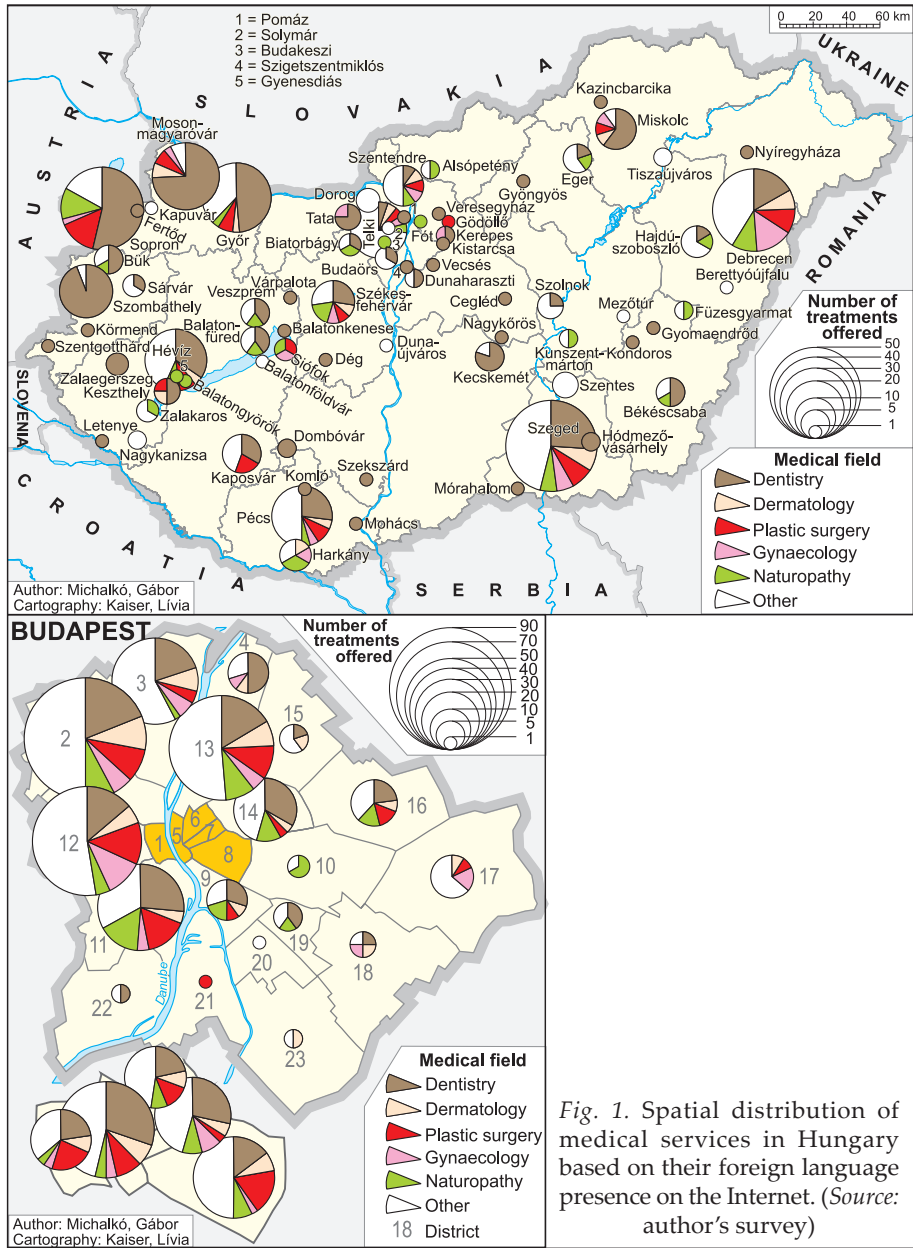


Fig. 1. Spatial distribution of medical services in Hungary based on their foreign language presence on the Internet. (Source: author's survey)

ply of the Hungarian capital was analysed by districts. Regarding the spatial ranking of healthcare services potentially involved in medical tourism, the first place is taken by District 2 of Budapest (90 treatments offered), followed by District 12 (72 treatments) and District 13 (66) treatments).

In the list of settlements based on the number of medical treatments offered, further top ten positions are occupied by other districts of Budapest (District 5: 56 treatments, Districts 3 and 11: 45–45 treatments, District 8: 40 treatments). Outside of Budapest, the widest range of supply was discovered in Szeged, the centre of the Southern Great Plain region situated by the Hungarian–Serbian border as well as a university city with a medical faculty (50 treatments); in Debrecen, the seat of the Northern Great Plain region, an other outstanding centre of medical education (41 treatments); and in Sopron, a town situated by the Hungarian–Austrian border (41 treatments).

In addition, the following settlements represent at least 1% of the overall supply, the threshold value set in the analysis: Győr, the centre of the Western Transdanubia region located by the Budapest–Vienna motorway (29 treatments); Mosonmagyaróvár, a town accessible by the same motorway, but situated closer to the Austrian border (27 treatments); Hévíz, the leading spa centre of the Transdanubia region in the immediate vicinity of Lake Balaton (23 treatments); Pécs, the seat of the Southern Transdanubia region, a university town with high level medical education, and the European Capital of Culture in 2010 (22 treatments); Telki, a small town in the suburban belt of Budapest with the best-known Hungarian private hospital (19 treatments); Szombathely, a county seat near the Austrian border (17 treatments); Székesfehérvár, the seat of the Central Transdanubia region (11 treatments); and, last but not least, Szentendre, the most popular day-trip destination near Budapest (10 treatments), and Miskolc, the regional centre of Northern Hungary (10 treatments).

Considering all treatments, dentistry (29.7%), plastic surgery (8.8%), naturopathy (8.3%), dermatology (6.0%) and gynaecology (5.1%) accounted for at least 5% of the supply. Consequently, in the spatial analysis of the data, these medical fields were assessed individually, while all other fields were regarded as one single group<sup>7</sup>. The city of Budapest is ranked first in terms of dental treatments (127 treatments), while two of its individual districts came third on the same list. Sopron (22 treatments) and Mosonmagyaróvár (20 treatments), two towns situated practically on the Austrian–Hungarian

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<sup>7</sup> Initially, data collection focused on those key medical fields that were identified by the researchers as predominantly relevant in international medical tourism. However, the online contents of medical providers' websites and the information collected by the students represented a much greater variety of treatments and services than anticipated. The raw data consisted of more than 200 medical treatments, therapies, cures and other health- and/or wellness-related services. In order to create a standardised data set, every single procedure in the database was categorised, using either the pre-determined categories or creating new ones based on the frequency of certain procedures. Information loss was the most significant in the "other" category that includes procedures with either very low frequency or with unspecified content; however, the key findings of the research are not affected.

border, were ranked first and second, and Districts 2 and 5 shared the third place (17–17 treatments). This fact illustrates the high level of spatial concentration in Hungarian medical tourism supply: although in dental treatments Budapest, despite being the market leader, does not account for majority share (41.6%), in other fields such as dermatology (69.0%), plastic surgery (66.0%), gynaecology (62.0%) and naturopathy (54.0%) the capital alone represents a greater proportion than all the other settlements of the country combined.

Almost nine tenths (85.9%) of the websites of service providers included in our survey may be accessed in English as well as in Hungarian. Almost 60% of the websites contain information in German, followed by far lower representation of Italian (14.9%), French (11.0%), Russian (9.4%), and Romanian (8.2%). In addition, 11.3% of the websites may be accessed in other languages. No significant correlation could be detected between the websites' languages and the regional locations of the service providers.

#### *Spatial features of medical supply with a tourism component*

As mentioned above, the services included in our survey may be regarded as the potential supply of Hungarian medical tourism. However, the assessment of the websites with foreign language content indicates that only a percentage of these medical services offer any kind of supplementary tourist service as well: merely one fifth (20.2%) of all investigated treatments are connected to tourist services (accommodation, food and beverage services, package tour organisation, airport transfer, tourist attractions etc.). 40% of the offers including both medical and tourism components appear on websites of service providers in Budapest, almost one third (30.5%) are situated near the Austrian border (e.g. in Mosonmagyaróvár, Sopron, Szombathely, Győr or Zalaegerszeg), and close to 15% are available in spa destinations (e.g. in Hévíz, Harkány, Hajdúszoboszló, Bük or Sárvár). Comparing this data with the geographical distribution of medical providers with foreign language websites, we can say that those districts of Budapest (2 and 12) and cities (Szeged, Debrecen) that have top positions in terms of foreign language online content are considerably less prominent when supplementary tourist services are taken into account (*Figure 2*).

The investigation of the spatial distribution of the supply of supplementary tourist services suggests that physicians and clinics practising in popular spa destinations or in settlements close to the Austrian–Hungarian border provide a much wider range of tourist services than the national average. In Bük, Sárvár and Zalakaros every single medical service that provides online information in foreign languages (i.e. that aims to target international customers) offers tourist services as well. In other spa destinations the indicator shows a lower, but still relatively high level of involvement in tourism: 83%

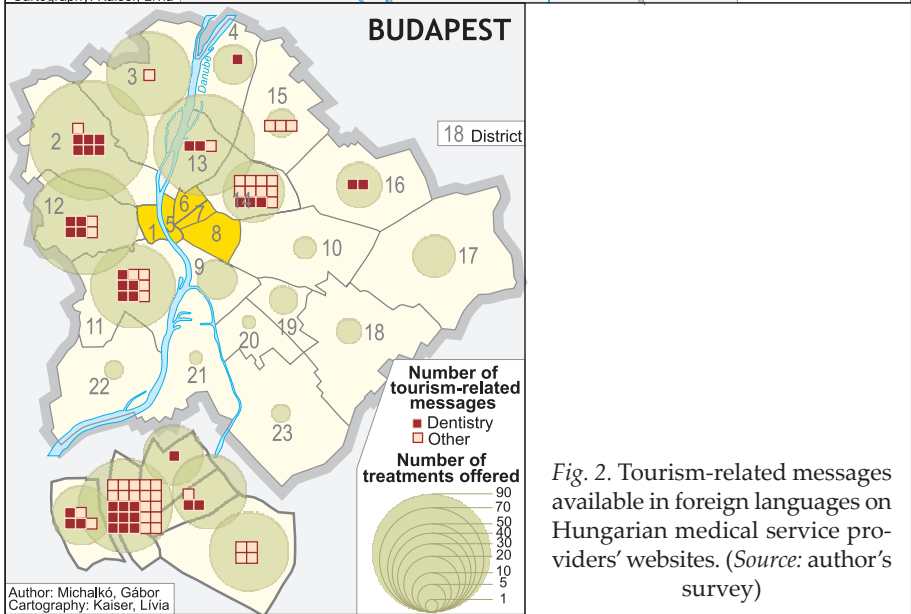


Fig. 2. Tourism-related messages available in foreign languages on Hungarian medical service providers' websites. (Source: author's survey)

in Hajdúszoboszló, 70% in Mosonmagyaróvár, 67% in Zalaegerszeg, 61% in Hévíz, 47% in Szombathely, and 39% in Sopron. At the same time, in Budapest only 14% of the investigated enterprises offered tourist services in addition to medical treatments, and the indicator only reached 8–8% in the case of Districts

2 and 12, the leading areas of the capital with respect to medical services accessible in foreign languages. This paradox may be explained by the fact that these wealthy districts are particularly popular residential areas among the expatriate community of Budapest, thus the medical services available in these areas aim to target the international residents. In contrast, Districts 16 and 5 of Budapest performed well over the national average, with indicators of 50% and 45%, respectively: while District 5 is the traditional tourist centre of the capital with a high concentration of commercial accommodation and other hospitality services, District 16 is a more affordable, but attractive suburban area with good access to the city centre and the airport.

In order to achieve a comprehensive picture of the investigated issues, we looked at the frequency of tourism services supplementing health treatments in various medical fields. The results suggest that more than one third (35.4%) of all dental treatments are linked with hospitality services. Since dental services represent the greatest proportion in our database, this figure implies that dental tourism is the most important medical tourist product in Hungary (this is supported by the fact that 52% of all tourist services supplementing some kind of medical treatment are related to dental treatments). In Szombathely, 100% of the medical treatments supplemented by tourist services are offered by dental surgeries, the same indicator is 75% in Sopron, 68% in Mosonmagyaróvár, 46% in Budapest, and 43% in Hévíz. Even in District 2 of Budapest, where the tourism dimension of the medical industry is relatively insignificant, 86% of the available medical tourist services are related to dental treatments.

## Conclusions

The Hungarian medical tourism supply is highly concentrated both in space and in terms of treatments. 90% of services may be divided into the following four main segments.

The *first* one is Budapest. The capital plays the key role concerning the volume and the diversity of the product. 40% of the Hungarian medical tourism supply can be found in the capital city. Most dermatologists, plastic surgeons, gynaecologists and dentists who treat foreigners are concentrated in Budapest. The website analysis indicates that medical tourism supply in Budapest is predominantly based on cheap and quick air transportation (i.e. on accessibility ensured by budget airlines), and several surgeries and clinics have representative agencies in other European capitals (e.g. in Dublin or in London), which is a significant confidence factor for customers. With small private practices being in minority, the supply of Budapest mostly consists of modern clinics with first-rate facilities employing highly qualified staff with

good foreign language skills; in some cases, these clinics are established solely to satisfy the needs of foreign patients, i.e. medical tourists. Within the capital city, spatial differences can be outlined: whilst in District 5, the centre of international tourism in Budapest, medical services generally include a tourism component, in Districts 2 and 12, located in the greenbelt of Buda, the most popular area among foreigners living in Budapest, hardly any tourism services are offered by the otherwise abundant supply of clinics and medical practices.

A *second* significant segment of the supply is composed of towns in the western borderland of Hungary – primarily Sopron and Mosonmagyaróvár, but the relatively smaller Szombathely may also be mentioned here –, which mainly, but not exclusively, offer dental treatments to customers from Austria. These settlements have become medical tourism spaces due to their good accessibility near the border, and their good socio-economic relationship with Austria that has developed during the last decades, rooted partly in history. The development of the medical tourism product has been influenced by the utilization of synergies of shopping tourism in the given settlements.

The *third* segment of the supply consists of traditional Hungarian thermal spa destinations receiving significant international demand such as Hévíz, Bük, Sárvár, Harkány and Hajdúszoboszló. The special feature of the supply of these settlements is the availability of medical – e.g. dental, dermatological, surgical – services together with traditional thermal cures based on medicinal water (e.g. balneotherapy, rheumatology, physiotherapy). In the case of the spa towns, it is difficult to determine whether the primary motivation of travel is a medical procedure or a curative treatment or simply the enjoyment of thermal waters.

The *fourth* segment is represented by regional centres located along the national border (Pécs, Debrecen, Szeged), which are strongholds of higher education in general and also of medical training, thus foreign students outside of Budapest are concentrated in these cities. Due to their urban functions, these settlements represent potential receiving areas of global investment, and, as the locations of various subsidiaries of international companies, play hosts to a relatively significant number of expatriates and temporary foreign residents. Medical services in these regional centres are used not only by foreigners participating in international student and labour mobility, but there is also a cross-border demand from neighbouring countries' citizens of Hungarian origin.

It is generally accepted that the main appeal of Hungarian medical services for foreigners is the relatively low price level (FÖLDVÁRI, Zs. 2000; VÉRTÉSSY, P. 2006; SZŰTS, L. 2010). However, according to the evidence of the analysed websites, the quality level of these services has recently improved dramatically as well. In the last few years, both in Budapest and in certain Western Hungarian towns, state-of-the-art private clinics were established offering high

quality dental and plastic surgical treatments as well as a wide range of supplementary tourist services. The information obtained from websites indicate that Hungarian medical tourism has an opportunity for significant further growth as long as the companies are able to preserve a favourable price-value ratio, the current key competitive advantage. At the moment, Hungary is market leader in Europe in the field of dental tourism, but further development is also expected in the segments of plastic surgery and beauty treatments, as a result of high quality procedures, affordable prices, qualified staff as well as improving marketing communication. However, competition from the neighbouring countries has also increased in the last decade, both in terms of quantity and quality. Consequently, Hungary needs to move beyond the more or less spontaneous development path of dental tourism: although it has proved to be successful, and the international trends of medical tourism imply further opportunities for growth in the future, in an increasingly competitive environment Hungary can only realise its full potential if its favourable natural resources are developed in a consensus-based national policy framework.

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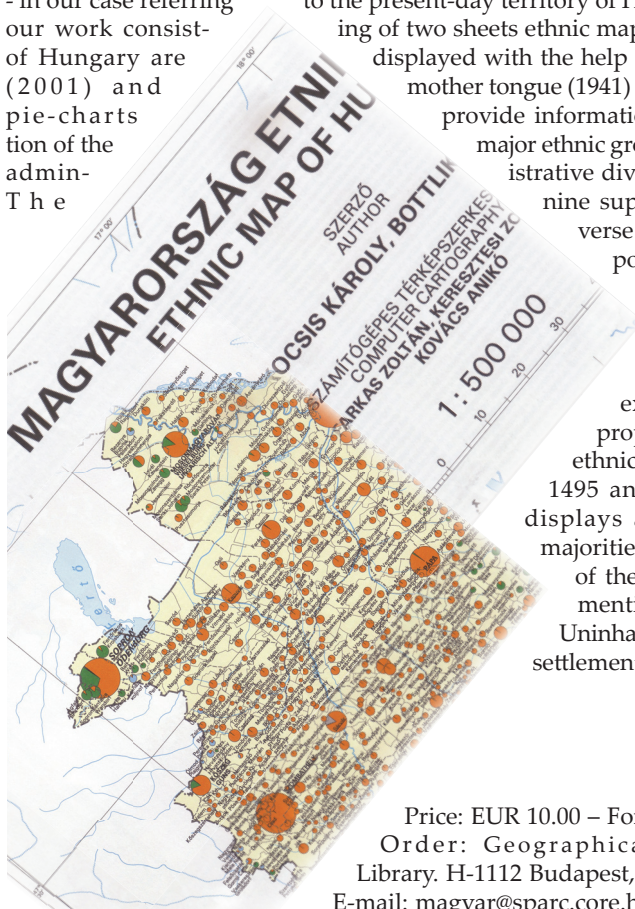
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*Geographical Research Institute, Hungarian Academy of Sciences, Budapest, 2009*

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