

Transactional Development of Medical Value Tourism between East & West in General German-Turkish in Specific

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Abstract: The component of tourism preparatory parties is to make tourists, whether they are medical or companion, feel more comfortable and bring back home good health attached to good memories. In order to lead a satisfactory discussion primarily wellness and illness tourism concepts are described. After explaining their dynamics, factors which are constitutive in these kind of touristic activities, mainly tourists' motivations are mentioned. As being a new era of medical tourism, it is shown that facilitators are of great significance. Not only empathy but also queries enable highlighting the tourists' expectations, experiences and showing the ways of understanding their situation better. New medical hubs and the future ones have to promote consumer researches that they can advance themselves in the light of new information. The best way to develop well&illness tourism is to make tourist, patient and their companion satisfied with their activities and/or treatment. Historical research and literature review about the German Professors such as Ord. Prof. Dr. Philipp Schwartz and Ord. Prof. Dr. Erich Frank who had been the pioneer medical scientists in Turkey is conducted. The aim of this research is to put forth their incontrovertible importance of German professors and their efforts in founding the new system of academic education in Turkey's specific universities. Their contributions to the medical studies in Turkey open the way for Turkey to become a medical hub. In the course of decades there have been exchanges between Turkey and Germany in the realm of medical science and tourism.

Keywords: Social & Economic Development in Asia; Health Tourism, Medical Value Tourism; Transcontinental & Transactional Medical Relations; German-Turkish Relations in Medical Field

JEL Classification: Z32

1. Introduction

In human life needs, desires and changes are the key factors that make us engage in variety of ways with touristic activities. In this engagement customer's needs and preferences gain prominence in tourism industry. Hence understanding those needs and interests of tourists become a vital issue. In that sense well & illness tourism is a new expanding area with the fact that opportunities of the host place make possible the emergence of new medical hubs. In the past medical tourists' flows ran from technically less developed places to more developed ones. Now, places which are famous with medical and/or healing techniques become the subject of the tourists

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who are after to keep their health or to prevent themselves from problems related with health. In that sense, well & illness tourism is divided into two categories as Illness Prevention Tourism and Medical Tourism. (Genç, 2013) Well & illness tourism industry provides to the people medical and/or healing services.

In this expanding area of tourism there is a great potential for new contributions to our understanding of tourists' experience. (Chen et al., 2008) For improving in general the well & illness tourism tourists' motivation, psychology and problems are all need to be examined. What are the factors that lead people to have touristic activities that would improve their health and what are their motivations? High-costs of the medical treatments, long waiting time in order to visit a doctor, legal prohibitions of medical procedures, operations, and surgeries lead many patients to search for alternative health-care services abroad. Rejuvenating body, mind and spirit and cost saving are said to be the most important motivators of the well&illness travellers. (Chen et al., 2008; Cormany & Baloglu, 2011) Generally health tourism is correlated with having a physical treatment but tourists also engage in an activity which will eventually bring about psychological well-being. In general, health tourists prefer travelling with their accompanying person. The psychology of the patients and the presence of an accompanying person throughout the whole travel, including before and after periods have to be taken into account. In order to fill related gaps, facilitators emerge as new members of tourism profession for guiding patients. Making empathy with the tourist and aiming at looking through the eyes of them must be included in the provider's agenda. For a general perspective and a better understanding it is useful to look at the conceptualization.

The method of this study is historical research and literature analysis about health tourists. The paper is divided into two parts. Firstly well & illness tourism is going to be presented and afterwards the role of German professors in establishing a new academic system in Turkey is going to be presented. The aim here is to show the significance of their contributions to Turkey's medical faculties. I claim that without their contribution in the foundation of new education system in specific universities, Turkey wouldn't become a succesful medical center.

2. Definition of Health Tourism

Health tourism as an umbrella term involves activities which are beneficial for the conditions of health. Health related travel and pilgrimage history can be traced backed to the Neolithic and Bronze Ages. (Cook et al., 2012) The Ancient Mesopotamians, Ancient Romans considered the significance of climate, thermal waters onto health. With urbanization and industrialization, the concern for travelling to health developing places increased. (Cook, 2012) The term spa has

become an important concept of health centres. It simply comes from three Latin words; namely *Sanus per Aquam*.

There are divergent ideas for the definition of those tourism activities. Health tourism is defined as “any pleasure-oriented tourism which involves an element of stress relief.” (Bennett et al., 2004) From another point of view, health tourism includes touristic activities in which tourists’ main motivation is utilizing health services by going to leisure settings. For an elaborate understanding, the divergence of medical tourism and illness prevention tourism has to be presented here.

Medical Tourism is about travelling across different destinations along the world in order to obtain health-related interventions being mainly either treatment or rehabilitation directed and many people choose to engage in medical tourism. Although providing health is the main target of the medical tourism, the Quality of Life (QOL) is highly connected to an individual’s health conditions. Medical tourism has dual effects on individual’s adjustment, first by direct intervention to psychological state of the individuals and second by indirect influence to their psychological wellbeing. (Genç, 2012a, p. 205) Cosmetic surgery (breast, face, liposuction), dentistry (cosmetic, reconstruction), cardiology/cardiac surgery (bypass, valve replacement), orthopaedic surgery (hip replacement, resurfacing, knee replacement, joint surgery), bariatric surgery (gastric by-pass, gastric banding), In-Vitro Fertilization/reproductive system (IVF, gender reassignment), organ and tissue transplantation (organ transplantation; stem cell), eye surgery, diagnostics and checkups (Lunt & Carrera, 2010) are involved in medical tourism while sun, fresh air, water, spas and medicinal spas, mineral springs, the seaside within a therapeutic leisure setting involves in well-ness tourism. Acupuncture, meditation, yoga, spa and thalassotherapy take attention of the tourists especially of those who wish to heal themselves or to feel healthy. Wellness hotels should therefore specialize in health information besides related facilities, individual care and a wide range of cultural and relaxation programmes. (Mueller & Kaufmann, 2001)

Since the tourist travelling abroad for medical reasons are in search of value or are getting value in terms of health, finance and time. They gain health by spending less waiting time and less financial burdens. That is why in literature medical tourism is also called as medical value tourism.

3. Motivations and Tourist Decision Making Process

Consideration in consumer experience brings about researches on the motivations behind touristic movements. Internal and external factors are at stake for tourists’ motivation which differs according to the circumstances and different economical, cultural settings. Subjective dynamics are also vital in making decisions. Tourist health motivation can be seen as a position between individual values and lifestyles.

(Chen, Prebensen & Huan, 2008) Besides, motivations of medical tourists are pertinent with the problems in their homeland. Primarily external problems will be shown in detail and the subjective dynamics will be paid attention afterward.

Generally problems of medical tourists include increased bureaucratic work, issues with health insurance and remaining waiting list for medical procedures. Low cost and the ascending quality of medical services in medical tourism destinations, the information technologies and enhanced communication with medical centres in other countries make favourable travelling abroad. In this general picture, low costs and accelerated quality of treatments in medical tourism destinations are the two main factors. On the figure 1, the key, emerging and other medical tourism destinations are shown.

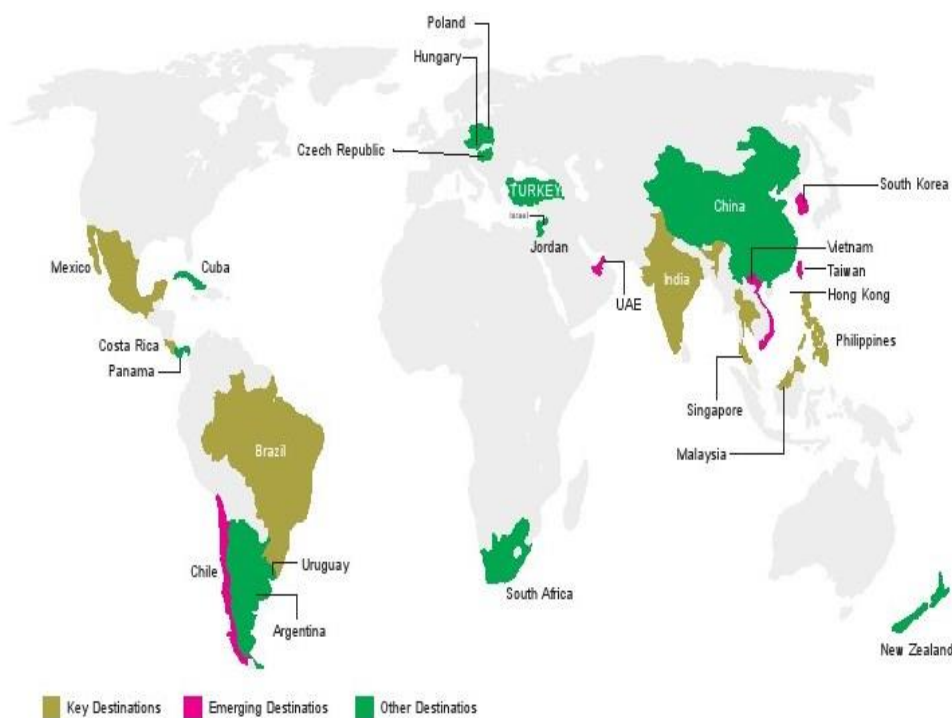


Figure 1. Medical Tourism Destinations

The figure 2 depicts us that citizens pay a fair amount of money for their health in various developed countries. The possibility to be cured with spending less money and by visiting the doctors at the same competency of their hometown is charming for those people. As it is seen, according to the current OECD reports, German citizens have the fifth rank in high health expenditure. This explains the fact that why they prefer to choose world-class medical treatment as soon as possible. Since the

waiting lists for patients unexpectedly high and German patients can effort to go abroad, due to the proximity and other explained reasons Turkey is one of the best desired medical treatment destination for them. Although, this figure is self-explanatory for medical relations between Germany-Turkey, there are other factors that need to be taken into consideration. Since three million permanent Turkish residents in Germany have been making family members, friends, relatives, neighbours, business collagues for many years, Germans prefer to go to Turkey for their needs. Turkey as it will be explained in details further is one of the most preferred medical destinations with its high number of accredited facilities.

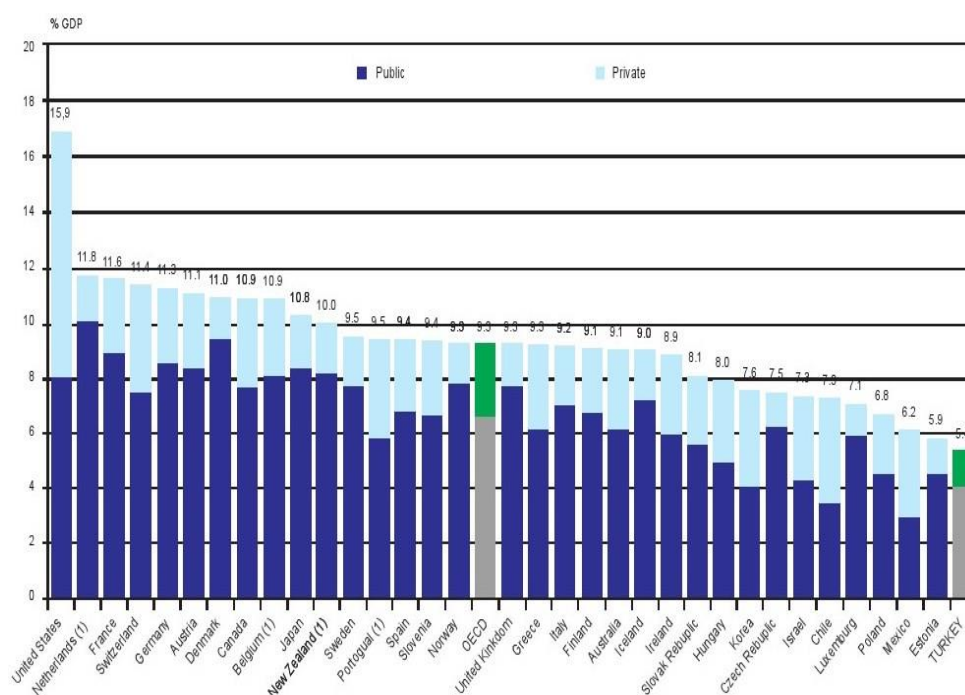


Figure 2. OECD Report on Health Expenditure, Public and Private, as a share of GDP, OECD Countries, 2012 or latest year.

Low costs are considered to be in the context of economic Quality of Life (QOL) of medical tourists. Patients become willing to involve in medical activities with the increase on the quality of treatments. Emerging and potential medical hubs consider medical tourism for sustainable tourism and providers have tried to improve their standard of treatment, surgeries, medical practice and medical care. Increase in quality and quantity of medical treatment leads to a reasonable standardization. This process involves accreditation from internal health organizations. (Turner, 2007)

Accreditation is a vital motivational factor in patients' decision making process and is one of the dynamics of tourist satisfaction. Health is crucially an important, sensitive point in the sense that people's lives are at stake. Safety and trust are two prerequisite and essential points in that regard. Accreditation is the most significant assurance for receiving qualified health care that tourists have the possibility to check the accreditations of the clinic or the hospital. When they are checking they have to rely on valid and credible norms. For an organization to be considered having genuinely high quality, it should be constantly seeking to maintain and ameliorate its level of standards. In health care, this will be achieved through: (a) maximizing safety by identifying and minimizing risks and (b) continually pushing up quality. (Hodges, Turner & Kimball, 2012)

There are several international organizations for the accreditation of health-care facilities on an international basis. International Society for Quality in Health Care (ISQua) and The International Organization for Standardization (ISO) are some examples. There are also regional and country-based organizations that provide international accreditation to health-care facilities abroad. Joint Commission International (JCI) and Community Health Accreditation Program (CHAP) are well-known such organizations in the USA. JCI provides accreditation for health-care centers abroad which are particularly in service of medical tourism. In Europe, European Society for Quality in Healthcare (ESQH) is a similar organization. In Canada, Accreditation Canada, formerly called as Canadian Council on Health Services Accreditation (CCHSA); in UK, Trent Accreditation Scheme (TAS); and in Australia, The Australian Council on Healthcare Standards (ACHS) are other such institutions.

Some organizations also provide certification in order to control the physicians' license. American Board of Medical Specialists (ABMS) is one of these accreditation organizations for physicians in the USA. ABMS involves several special boards, such as American Board of Family Medicine, American Board of Neurological Surgery, American Board of Ophthalmology, American Board of Plastic Surgery, and American Board of Surgery. These provide certificates to physicians who have proven their expertise in their specialty.

In Europe, there is European Union of Medical Specialists (UEMS) association for the standardization of the several European nations' medical organizations that provide certificate and license to physicians. In the UK, physicians' and doctors' licenses and certificates are controlled by the General Medical Council (GMC) in collaboration with UEMS. Many medical tourism destinations send their physicians or other medical specialists to USA or EU to obtain these certifications.



Figure 3. International and regional organizations for the accreditation of health-care facilities and accreditation of physicians/surgeons

Source: (Genç, 2013)

The diversities in health problems and in their treatments may lead tourists find plausible solutions. Some problems need urgent denouement. When this is the case, waiting for medical procedures can affect the health condition of the patient negatively. In that situations health tourism enables the patient to be cured in a shorter period of time than s/he will be cured in her/his homeland. When this is not

the case, going abroad to be cured can enhance the treatment according to the better conditions like temperature and fresh air of the touristic place. One study supported that cancer patients need touristic activities to “bridge the gap between illness and everyday life, providing a mechanism for enabling a patient to return to a sense of normality even if only for a defined period of time.” (Hunter-Jones, 2005) When the patient needs an intensive health care, it will be better for her/him and companion to go in a foreign country for a change. In daily hassles, it will be harder to recover from the illness especially under worried looks of close friends and relatives but it is clearly stated in academic studies that tourism enables escaping from daily hassles so that touristic place will be much more suitable for a patient to recover and to relax. Touristic activity is an opportunity to relax and to get away from their daily routine lives. (Genç, 2012b)

The case is the same for the wellness travellers, as well. There is an indication that motivation of those tourists is not uni-dimensional. The customers motivated to wellness facilities are apt to seek an environment that relaxes their body, mind and spirit while they are able to engage various programs and access to the nature. (Chen et al., 2008) It is confirmed that wellness tourists are not homogenous but six benefits sought by wellness tourist can be labelled as; transcendence, physical health & appearance, escape & relaxation, novelty, re-establish self-esteem and indulgence. (Voigt et al., 2011) Individuals who live in cold climate may wish to go to warmer places and the individuals who live in flat countries and on coasts may wish to go higher altitudes and mountains, vice versa.

Health tourism, in its several applications non-deliberately improves the health and psychological well-being of the individual. (Genç, 2012b) These travels have the potential to enhance the Quality of Life (QOL) of individuals via psychological means. If consumer health benefits are essentially a product of the dissonance of contemporary lifestyles, then health destinations are valued as much for their psychological benefits as they are for their physiological effects. (Chang & Beise-Zee, 2013) Variations of tourist’s motivation about well&illness tourism causes differences in expectations and consequently problems about satisfaction will occur. A further study shows that the individual health beliefs from the expectations of tourists regarding health-promoting destinations, and that a match between personal beliefs and the appearance of destination creates wellness and, ultimately, tourist satisfaction. (Chang & Beise-Zee, 2013) Subjective dynamics are decisive in tourist satisfaction as motivation. Tourism activities have different meanings and connotations for individuals. This diversity is caused by each and every individual’s subjectivity. (Genç, 2012a)

Aiming At Looking Through the Eyes of Tourists

Tourist motivators are main factors that are playing major role for the choice of destination. Studies emphasize that understanding the profiles of their customers is

essential for the wellness tourism industry. For customers, learning the information and experience of the ones who have gone to a touristic activity is decisive. A review demonstrates the need for additional research on numerous issues, including understanding how multiple information sources are consulted and evaluated by patients before deciding upon medical tourism. (Crooks et al., 2010) For the need of it, facilitators as being a new profession in health tourism brought about. As well as industry of medical brokers, insurances, travel agencies; facilitators are crucial in the sense that they bridge the gap between the health center and the tourist. Facilitators support include email contact, telephone number, mailing address, information request form, maps of destinations served, hospital selection, notation of hospital accreditation, listing of medical procedures available, estimated treatment costs, past traveler testimonials, links to informational websites and whether the date of the last web page update was provided (Cormany & Baloglu, 2011) This study demonstrates that facilitators differ in their treatments and they can learn from each other in order to advance themselves.

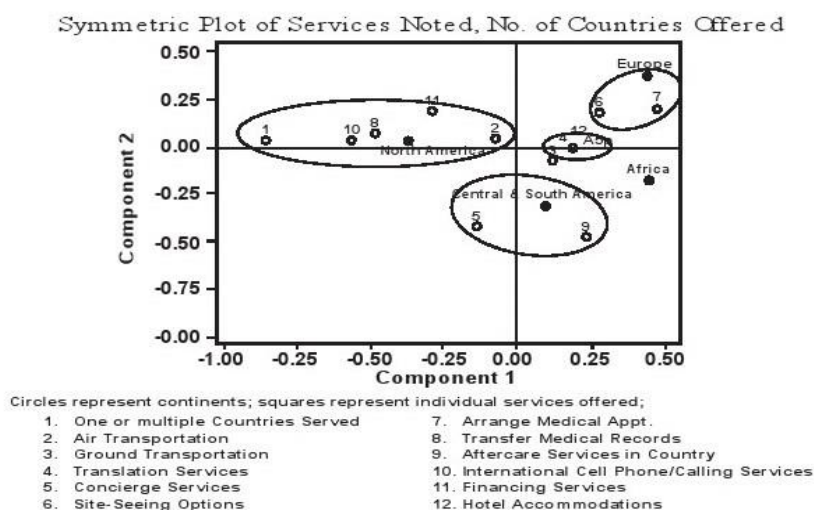


Table 2- Services Offered

Axis of Services Noted	Inertia	Proportion	Cumulative
1	.1219	.6560 (65.60%)	.6560 (65.60%)
2	.0359	.1931 (19.31%)	.8491 (84.91%)
3	.0170	.0917 (9.17%)	.9408 (94.98%)
4	.0110	.0592 (5.92%)	1.000 (100%)

Figure 4. The Analysis of Facilitators

Source: (Cormany & Baloglu, 2011)

The figure 4 shows that the facilitators can easily pair off the tourists' needs and offered services by various countries. Day by day, facilitators are becoming the key players in organizing touristic travels. Organizing touristic travels throughout the

healing process of the patients definitely help to improve the patient health both in physical and psychological terms. Cultural tourism, fresh air and discovering new places and cultures can enhance the healing process. Also patients need to be psychologically supported in the diagnosis and treatment stages of the illness. Dealing with severe symptoms of illness is the source of demoralization and depression for both the patient and her/his friends and family. In one sense medical problems generally lead to stress and anxiety for the person because of both physiological and treatment-related problems. (Luebbert et al., 2001) Depending on the curing process, the period of travel can differ. The needs of the patients should be examined. Providing practical solutions when needed is an important task.

Psychological issues and attitudes toward people in the medical tourism destination might lead potential medical tourists not to select treatment abroad. (Hunter-Jones, 2005) Medical travel planners should be aware of demoralization-related and attitude-related hesitations about medical travel. The attitude-related hesitations mostly occur because of cultural differences. Right at this point the role of facilitators becomes vital.

We need to keep in mind that medical tourists are also coming into a social setting. In order to progress the tourism, the facilitator may enlarge her/his agenda and try to look at the activity of health tourism from various respects. The souvenir that the tourist would take home is not a local cloth, food or ornament but would be her/his health in a better condition.

Based on results, consumer research about what is believed to be beneficial to health is important when designing and promoting a health place. (Chang & Beise-Zee, 2013) The congruence between one's self-image and destination image seems to play an important role in destination choice process. (Genç, 2012a)

Health problems get more common with increased rates of old population and social security systems fall short of supplying this demand for health services. Many patients who prefer short-term medical treatment at low costs prefer medical tourism activities and medical travel. (Genç, 2012c) In this expanding area, patients, tourists and accompanying persons differ in their motivations, expectations and subjectivity. Offering high standard medical value tourism must be the aim of host places. Facilitators are the key factors in the movement of health tourism. They need to reform themselves and to look at the issue through the eyes of the tourists. It is meaningful to boost the numbers of facilitators and increase their space of activity. They will help the tourist to make a thorough examination about the health hubs which is the target of their travel. The pleasant memories of the tourists importantly push forward the health tourism.

4. Medical Tourism Relations between Germany and Turkey

The three s of tourism namely sun, sea and sand give place to the new four s; sun, surgery, spa, second home. Tourists are expecting high-quality hospitals and healthcare services at low prices, qualified human resources, health technology and improvement in medical tourism industry, wide range of tourism opportunities. Also they want to feel legitimately secure. In medical tourism you need both the expert and the facilitator. Also one should keep in my mind that having certain standards is not a stable status. Due to the high demand and changing situations quality check is an ongoing process that need to be checked and worked out periodically.

Turkey is a highly preferred medical tourism destination. (Altin, Singal & Kara, 2011) Hundreds of thousands foreign patients are coming to Turkey for treatment in surgical procedures, from mustache implants and liposuction to operations for serious ailments Istanbul and other cities. According to Turkish Ministry of Health, 500.000 foreigners were treated at Turkish hospitals in 2011. This number doesn't include wellness tourism figures. Foreign patients are generally prefer to get treatment in private hospitals due to the fact that the private hospitals are advertised better compared to state owned ones. On the other hand state owned hospitals are trying to get more shares.

Dünya Göz Hospitals' officials in Turkey stated that most of their foreign patients are coming from Germany, the Netherlands and Belgium due to the proximity and almost 60 percent less expenditure compared to Western Europe. United Nations World Tourism Organization's statistics of indicated that Turkey is the world's sixth top destination by tourist arrivals. The Ministry of Health aims 500,000 foreign patients and \$7 billion revenue in 2015 and also wants to reach \$20 billion in 2023 from 2 million foreign patients. These tourists are wishing to get eye treatments, dentistry, cosmetic and plastic surgeries, hair plantations, orthopaedic and gynaecological treatments, treatments at ear, nose and throat clinics, fertility, open heart operations, dermatology, cancer treatments and brain surgery.

Table 1. Numbers of Turkey's Medical and Wellness Tourists

Year 2003; 126.000 Thermal tourists
Year 2004; 152.000 Thermal tourists
Year 2005; 204.000 Medical & Thermal tourists
Year 2006; 269.000 Medical & Thermal tourists
Year 2008; 356.000 Medical & Thermal tourists
Year 2012; 1.000.000 Medical and Thermal tourists




















Source: Turkish Healthcare Tourism Development Council

As the table 1 shows, every year there is an increase in the number of medical tourists who are coming to Turkey. The reason for it medical equipments are same all over the world, the treatment protocols are similar, it means the only thing which is going

to chance is the decently priced medical personal and the facilities. Turkish Airlines also supports medical tourism in Turkey. They have support packages concerning medical patients and their companions.

Patients all over the world are coming to Turkey but Germans are coming more to Turkey due to the closeness and being well known. Since the total travel time is more critical for a patient than a normal tourist, closeness plays a major role for choosing a medical value tourism destination. Because the waiting list for patients is too long in Germany patients choose to go abroad, to Turkey, for treatment. When patients get medical treatment accompanying people can visit the country. Turkey has a variety of hospitals that have been certified from Temos.

Status ↑	Hospital	Country	Town	Type
	<u>Athens Medical Center</u>	Greece	Athens	Tertiary care
	<u>Bangkok Hospital Hua Hin</u>	Thailand	Hua Hin	Secondary care
	<u>Bangkok Hospital Medical Center</u>	Thailand	Bangkok	Tertiary care
	<u>European Interbalkan Medical Center</u>	Greece	Thessaloniki	Tertiary care
	<u>Ibn Al-Haytham Hospital</u>	Jordan	Amman	Tertiary care
	<u>Metropolitan Hospital Perseus Healthcare S.A.</u>	Greece	Athens	Tertiary care
	<u>Saudi German Hospital Dubai</u>	United Arab Emirates	Dubai	Tertiary care
	<u>St. Luke's Medical Center - Global City</u>	Philippines	Bonifacio	Tertiary care
	<u>St. Luke's Medical Center - Quezon City</u>	Philippines	Quezon City	Tertiary care
Status ↑	Hospital	Country	Town	Type
	<u>Anadolu Hospital - Alanya</u>	Turkey	Alanya	Tertiary care
	<u>Anadolu Hospital - Antalya</u>	Turkey	Antalya	Tertiary care
	<u>Anadolu Hospital - Belek</u>	Turkey	Belek	Secondary care
	<u>Anadolu Hospital - Kemer</u>	Turkey	Kemer	Secondary care
	<u>Anadolu Hospital - Side</u>	Turkey	Side	Secondary care

	<u>Antalya Life Hospital</u>	Turkey	Antalya	Tertiary care
	<u>Athens Medical Center</u>	Greece	Athens	Tertiary care
	<u>Bangkok Hospital Hua Hin</u>	Thailand	Hua Hin	Secondary care
	<u>Bangkok Hospital Medical Center</u>	Thailand	Bangkok	Tertiary care
	<u>Chios MRI Diagnostic Center</u>	Greece	Chios	Primary care/medical practice/diagnostic center
	<u>European Interbalkan Medical Center</u>	Greece	Thessaloniki	Tertiary care
	<u>General Hospital Brezice</u>	Slovenia	Brezice	Secondary care
	<u>General Hospital Jesenice</u>	Slovenia	Jesenice	Secondary care
	<u>Global Doctors Hospital</u>	Malaysia	Kuala Lumpur	Secondary care
	<u>Hospital Alemao Oswaldo Cruz</u>	Brazil	Sao Paulo	Tertiary care
	<u>Hygeia Hospital Tirana</u>	Albania	Tirana	Tertiary care
	<u>IASO General - Holargos General Hospital S.A.</u>	Greece	Athens	Tertiary care
	<u>IASO S.A. IASO Private General, Obstetric, Gynaecological & Paediatrics Clinic - Diagnostic, Therapeutic & Research Center S.A.</u>	Greece	Athens	Tertiary care
	<u>IASO Thessalias General Clinic - Private Obstetrics S.A.</u>	Greece	Larisa	Tertiary care
	<u>Ibn Al-Haytham Hospital</u>	Jordan	Amman	Tertiary care
	<u>Mediterraneo Hospital</u>	Greece	Glyfada	Tertiary care
	<u>Metropolitan Hospital Perseus Healthcare S.A.</u>	Greece	Athens	Tertiary care
	<u>Poliklinika Medico</u>	Croatia	Rijeka	Secondary care
	<u>Razavi Hospital</u>	Iran	Mashhad	Tertiary care



	<u>REA Maternity Hospital</u>	Greece	Athens	Secondary care
	<u>Rethymno Medical Assistance</u>	Greece	Rethymnon	Primary care/medical practice/diagnostic center
	<u>Saudi German Hospital Dubai</u>	United Arab Emirates	Dubai	Tertiary care
	<u>St. Luke's Medical Center - Global City</u>	Philippines	Bonifacio	Tertiary care
	<u>St. Luke's Medical Center - Quezon City</u>	Philippines	Quezon City	Tertiary care
	<u>Zante Medical Care</u>	Greece	Zakynthos	Primary care/medical practice/diagnostic center

Table 2. Examples from Temos Some Certified Hospitals

Source: <http://www.temos-worldwide.com/> 03.12.2014

As it is seen on the table 3, Turkey has numerous certified hospitals. Turkey is among the countries which have high number of Joint Commission International (JCI) accredited health care institutions in the world. There is one teaching staff for every four students in close to sixty internationally competitive medical faculties. The social and welfare systems agreement in both countries will facilitate tourist transaction between both countries. Turkey has culturally vibrant atmosphere and is geographically speaking well situated. When you fly three hours from Turkish borders you reach over fifty countries. As an EU candidate, Turkey fulfilled membership criteria also for health care system and has reliable supply of blood. More than two million patients, some of them repeatedly, visit hospitals and clinics each year in countries other than their own.

Table 3. JCI Accredited Organizations by Countries (2014)

Argentina: 1	Kuwait: 3
Austria: 6	Lebanon: 3
Bahamas: 1	Lithuania: 1
Bahrain: 1	Malaysia: 13
Bangladesh: 1	Mauritius: 1
Barbados: 1	Mexico: 9
Belgium: 4	Moldova: 1
Bermuda: 1	Netherlands: 2
Brazil: 46	Nicaragua: 1
Brunei Darrusalam: 2	Nigeria: 1
Bulgaria: 1	Oman: 2

Chile: 1	Pakistan: 1
China: 35	Panama: 2
Colombia: 3	Peru: 3
Costa Rica: 2	Philippines: 6
Czech Republic: 4	Portugal: 17
Denmark: 9	Qatar: 12
Ecuador: 1	Romania: 1
Egypt: 3	Russian Federation: 1
Ethiopia: 1	Saudi Arabia: 74
Germany: 4	Singapore: 21
Greece: 1	Slovenia: 2
Hungary: 1	South Korea: 30
India: 22	Spain: 23
Indonesia: 19	Sri Lanka: 2
Ireland: 27	Taiwan: 15
Israel: 18	Thailand: 37
Italy: 24	Turkey: 49
Japan: 10	United Arab Emirates: 98
Jordan: 11	United Kingdom: 1
Kazakhstan: 6	Vietnam: 1
Kenya: 1	TOTAL: 705

German Medical Professors in Istanbul

In the first half of the twentieth century nearly most of the countries in the world are waging wars against another. Beside wars, this war era witnesses developments in science and in relations between nations. In this century Turkey and Germany never combated with each other. On the contrary, a new type of relationship occurred between them. The professors who had wished to escape from war and highly problematic situations in Germany were admitted to Turkey and to universities in order to continue their professional studies. New Turkish Republic have a generation of doctors, teachers, academicians who have been trained by German professors. This led to the combination of cultures and specializations of both Turks and Germans in Turkey. The ones who abandoned here after the end of the war brought back cultural aspects of Turkey. Turkey's acceptance of their arrival and their contributions to developments in science had clinched the friendship of Turkey and Germany.

In 1933 Darülfünun, high education institution before modernization was closed after the report prepared by Swiss Prof Albert Malche and University of Istanbul has been established. At the present time Turks are making plans for the year 2023 in many branches. During that time the tenth year of foundation of Republic Turkey in which the country suffers from poverty, qualified lecturers were in demand for

creating a modern Istanbul University especially in medical field. Those days a great number of scientist have assigned in that university. This reform is crucial from many aspects that are beyond the concerns of this chapter. It was based on the university model of Germany. The founder of Turkish Republic Mustafa Kemal Atatürk is the president of Turkey at the time of this reform. He was very keen on the scientific and academic relations of Turkey and Europe. In that sense he stimulated Turkish students, teachers and researchers to go abroad and had education there. Also he encourages Europeans to come to Turkey to train Turkish students.

Table 4. Turkish and Foreigner Academicians in Istanbul University at the end of 1933

Teaching Staff	Turks	Foreigners
Ordinarius Professor	27	38
Professor	18	4
Assistant Professor	93	-
Assistant	99	43
Total	237	85

Source: Widmann, 2000

The table shows us that there are lots of foreign professors in Istanbul. These professors were scattered into different specializations. They helped modernizing the new university system, enlarged the capacity of libraries and had been the key for the translation of books and articles. In specific, the medical college had fifteen foreign scientists in which the majority is German. They and their time span of study in Turkey are as follows;

Table 5. German Scientists in Istanbul Medical College

Philipp Schwartz (1933-1952), Siegfried Oberndorfer (1933-1944), Hans Winterstein (1933-1956), Hugo Braun (1933-1950), Werner Lipschitz (1933-1939), Friedrich Dessauer (1934-1937), Erich Frank (1933-1957), Rudolf Nissen (1933-1959), Wilhelm Liepmann (1933-1939), Joseph Igersheimer (1933-1939), Karl Hellmann (1936-1943), Alfred Kantorowicz (1933-1950), Tibor Peterfi (1883- 1953)
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Source: (Widmann, 2000; Kalaycıoğulları, 2009)

These professors learned Turkish and tried to make publications in Turkish. Although each of them didn't specialized in writing their studies in Turkish, the professors in medical science had two, three or even four books per person. The first decade of the reform witnesses fifty doctorates. Every one of these professors specialized in a different branch. In 1933-1934 academic years all directors of twelve institutes of Istanbul University were German scholars. During the same academic year six of the seventeen present university clinics were led by German scholars.

Table 6. The Institutes which are connected to Medical Faculty and their directors in 1933-34

Name of the Institute	Foreign Director	Turkish Director
1. Anatomy	-	Nurettin Ali Berkol
2. Pathology and Anatomy	Philipp Schwartz	-
3. General and experimental Pathology	S. Oberndorfer	-
4. Physiology	H. Winterstein	-
5. Hygiene	Julius Hirsch	-
6. Microbiology	Hugo Braun	-
7. Biochemistry	Lipschitz	-
8. Rehabilitation	Friedrich Dessauer Max Skalitzer	-
9. Cancer Research	S. Oberndorfer	-
10. Histology-Embryology	Tibor Peterfi	Tevfik Recep Örensoy With Karl Löwenthal
11. History of Medicine	-	Süheyl Ünver
12. Forensic Medicine	-	Hilmet Yalgın

Source: (Widmann, 1981)

Table 7. The Clinics and Their Directors in the Medical Faculty at 1933-34 Academic Year

Clinic	Foreign Director
1) Internal Medicine Clinic (Cerrahpaşa)	
2) Internal Medicine Clinic (Gureba)	Erich Frank
3) Internal Medicine Clinic (Capa)	
4). I. Surgery Clinic (Cerrahpasa)	Rudolf Nissen
5). II. Surgery Clinic (Capa)	
6). I. Gynaecology Clinic (Haseki)	Wilhelm Liepmann
7). II. Gynaecology Clinic (Capa)	
8. Medical Therapy Clinic (Capa)	
9. Pediatrics Clinic (Sisli)	
10. Pediatrics Surgery and Orthopedy Clinic (Haseki)	
11. Urology Clinic (Cerrahpasa)	
12. Ophthalmology Clinic (Cerrahpasa)	Josef Igersheimer
13. Otorhinolaryngology Clinic	Rutin/Karl Hellmann
14. Dermatology Clinic (Gureba)	
15. Psychiatric Clinic (Bakirkoy)	
16. Neurology Clinic (Bakirkoy)	
17. Radiology Clinic (Capa)	Friedrich Dessauer and Max Sgalitzer

Source: (Widmann, 1981)

Emergency assistance organization for German Scientist was formed in Zurich in the 1930's. 1933 Philipp Schwartz came to Turkey and met with Dr. Reşit Galip who was the minister of education. After a protocol signed between Schwartz and Dr. Galip, 30 professors from Germany came to Turkey. According to the protocol, the

prospective scientists to be transferred would learn Turkish in a short while and would give their lectures in Turkish. Turkish Associate Professors would be trained in five to ten years and take over the professorial chairs from the foreign scientist. However this projection was not realized since some of the German scientist could not be kept as much time as planned. Furthermore Turkish Associate Professors expected to take over the chairs could not stay at the university as full time instructor. Despite all these deficits, it can be stated that the development, efficiency and productivity of the university were better than the period of Darülfünun. (Namal, 2012)

After signing an agreement hundred fifty people consisted of the instructor, their assistance and families arrived to Istanbul in 1933. After their arrival, the relocation of medical faculty from Haydarpaşa to its new location in European side was completed and education was started in November 1933. Between 1933 and 1945, 16 of those professors coming from Germany have fulfilled director positions in different institutes and clinics. (Terzioğlu, 1981)

The ministry of national education during that period Dr. Resit Galip stated that the academic staff of the newly constituted university would be provided from three different resources: first category was comprised of 73 previous professors of darülfünun those would be transferred to the new university; second category would consist the young Turkish instructors had been sent to European countries for education and expected to return as associate professors in a few years; finally the third category included the professors transferred from Germany.

Generally speaking German scientists who lived and worked in Turkey, contributed to develop, to start up some departments and/or faculties, change their names also participate the university reform in Turkey.

Specialist Doctor Hulusi Mete who was the student of Prof. Frank, Prof. Schwartz and some others mentioned them to me personally. According to the writings of his student and former professor in that same university, Mehmet Derviş Manizade, it is clear that Rudolf Nissen has been very successful and a disciplined person even in the inadequate circumstances of the university' clinic in which Nissen had performed operations as well as they had done in Western countries. He was the leading figure for the foundation and construction of the new clinic. Nissen conducted the first Pneumonectomy Operation in the world in the year 1931 and became the director of Surgery clinic of Istanbul University.

Professor Lipmann contributed in gynecology and Professor Igersheimer in ophthalmology. Professor Kantorowicz became the director of prosthesis department at the dentistry faculty which was part of medical faculty.

The Eric Frank society (EFG) was set up by Ludwig Maximilian University (LMU) in Munich organizes networking events to build on the connection between two

medical faculties that have connection over a quarter century. Since the beginning of 2014 the EFG is organising one day information tour in Munich. Medical students from both cities will have opportunity to exchange ideas and experiences during those visits. Professors will be also cooperating. Representatives from international office at LMU and from IMECU (International Medical Cultural Project) will report on opportunities for study and research in Istanbul.

Our relationship reciprocally continues in the twenty-first century. There are quite a few Turkish medical doctors in Germany. Numbers of medical doctors from Turkish origin registered in Germany increasingly growing. An internet site¹ concerning medical doctors from Turkish origin gives a number of 1179 people within 121 different branches. Some of them are scientist, some are academicians. Since there are almost 2 million Turks living in Germany, it's good to have some medical doctors who can also speak patient's language in order to understand them better, also for them to express themselves for possible better remedies. Another words Turkish population living in Germany procreated medical doctors and those doctors meet the need of this population's desire for speaking in their mother tongue while they are taking anamnesis.

According to Ministry of Health's records of 2013 in Turkey there is only one doctor for 663 individual. Some German doctors are still willing to work in Turkey due to the fact that there has been a doctor and nurse shortage in Turkey. There are total of hundred twenty thousand foreign doctors in Turkey since there is a five percent quota, meaning the number of foreign doctors including Germans cannot exceed 6.000, unless they change their nationality. But there is no quota for the number of foreign nurses.

Employing foreign doctors will facilitate our goal to become a leading medical tourism destination. Even though globalisation is a new word for our world to know and to recognize, Germany and Turkey applied globalisation at the beginning of last century at least in medical relations between two countries and became a sample country for the rest of the world. This reciprocal relationship brought two nations closer and gave them possibilities to learn each others' culture and after having a good result in one sector other sectors copied the example. To know each other's culture is a good base and good reason for peace. Even though war takes place in battlefields nowadays we are experiencing that wars are taking place in economic field, siber field, social field and so on.

¹ www.doktorlar.de A Turkish internet site which has Turkish origin doctors who are living and working in Germany.

5. Conclusion

Medical relations between Germany and Turkey date back to earlier times. German medical professors helped and worked in the restoration process of medical faculties at the foundation of Turkish Republic. Their contribution is notable. Without constructing modern medical institutions back in 1930s, Turkey wouldn't be able to enjoy today's achievement as a medical tourism destination.

Although the protocol of treatment and medical equipment are identical all around the world, labour costs are lower in some of the world. These are places where the medical tourism flourishes. Not only that, the favourable climate for patient and accompanying person promises an ideal atmosphere. These are all together increase the medical tourism. Turkey approves itself as a vital medical tourism destination.

History proves that Germany and Turkey have been close allies for centuries. There is not going to be a conflict of interest, just the opposite two countries are fulfilling each other's needs by enjoying synergy all the way through.

6. Bibliography

- Bennett, M.; King, B. & Milner, L. (2004). The health resort sector in Australia: A positioning study. *Journal of Vacation Marketing*, 10(2), pp. 122-137.
- Canales, M.T.; Kasiske, B.L. & Rosenberg, M.E. (2006). Transplant tourism: Outcomes of United States residents who undergo kidney transplantation overseas. *Transplantation*, 82(12), pp. 1658-1661.
- Chang, Lizone & Beise-Zee, Rian (2013) Consumer Perception of healthfulness and appraisal of health-promoting tourist destinations. *Tourism Review*, 68(1), pp. 34-47.
- Chen, S. Joseph (2009). *Advances in hospitality and leisure: volume 5*. UK: Emerald Group Publishing.
- Chen, S. Joseph.; Prebensen, Nina & Huan, C.T. (2008) Determining the motivation of wellness travelers. *Anatolia: An International Journal of Tourism and Hospitality Research*. 19(1), pp. 103-115.
- Cook, S. Peta.; Kendall, Gavin; Michael, Mike & Brown, Nik (2012). Medical tourism: The ethics, regulation, and marketing of health mobility. In Hall, C. Michael (Ed.), *Medical tourism, xenotourism and client expectations between bioscience and responsabilisation*.
- Cook, S. Peta (2008). What is Health and Medical Tourism? *The Annual Conference of The Australian Sociological Association* 2.
- Cormany, Dan & Baloglu, Seyhmus (2011). Medical travel facilitator websites: An exploratory study of web page contents and services offered to the prospective medical tourist. *Tourism Management*. 32(4), pp. 709-716.
- Crooks, A. Valorie.; Kingsbury, Paul.; Snyder, Jeremy & Johnston, Rory (2010, September 8). *What is known about the patient's experience of medical tourism? A scoping review*. Retrieved from <http://www.biomedcentral.com/1472-6963/10/266>.
- Dölen, Emre (2014). *İstanbul Darülfünunu'nda Alman Müderrisler 1915-1918*. İstanbul: İstanbul Bilgi Üniversitesi Yayınları.

- Genç, Ruhet (2013). Proceedings from *World Conference on Hospitality, Tourism and Event Research & the International Convention and Expo Summit, 2013*, Thailand.
- Genç, Ruhet (2012a) Handbook quality of life and tourism. *Physical, psychological, and social aspects of QOL medical tourism* (pp 193-207). Virginia Tech, Pumpkin. Springer.
- Genç, Ruhet (2012b). Handbook of quality of life and tourism. *Subjective aspects of tourists' quality-of-life (QOL)*, pp. 149-167. Virginia Tech, Pumpkin. Springer.
- Genç, Ruhet (2012c). Handbook of quality of life and tourism. *Tourist consumption behaviour and quality-of-life*, pp. 135-148. Virginia Tech, Pumpkin. Springer.
- Genç, Ruhet (2012d). *People at the Center of International Hotel and Restaurant Management*. Amazon.
- Green, S.T. (2008). Medical tourism: A potential growth factor in infection medicine and public health. *Journal of Infection*, 57(5), p. 429.
- Hunter-Jones, P. (2005). Cancer and tourism. *Annals of Tourism Research*, 32(1), pp. 70–92.
- Jill, R. Hodges.; Leigh, Turner. & Ann, Marie Kimball (2012). *Risk and challenges in medical tourism, understanding the dynamics of the global market for health services*. California: ABC-CLIO, LLC.
- Joint Commission International. Retrieved From: <http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/>. 03.12.2014.
- Luebbert, K.; Dahme, B. & Hasenbring, M. (2001). The effectiveness of relaxation training in reducing treatment - related symptoms and improving emotional adjustment in acute non - surgical cancer treatment: a meta - analytical review. *Psycho - oncology*, 10(6), pp. 490-502.
- Kalaycıoğulları, İ. (2009). Darülfünun'dan Üniversite'ye Gelenek'ten Araştırma'ya. *Ankara Üniversitesi, Dil ve Tarih-Coğrafya Fakültesi Dergisi*, 48(1), pp. 43-59.
- Lunt, Neil & Carrera, Percivil (2010). Medical tourism: Assessing the evidence on treatment abroad. *Maturitas the European Menopause Journal*, 55(1), pp. 27-32.
- Mueller, H. & Kaufmann, E.L. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Quelle: Journal of Vacation Marketing*, 7(1), pp. 5–17.
- Namal, Yücel (2012). Türkiye'de 1933-1950 Yılları Arasında Yükseköğretime Yabancı Bilim Adamlarının Katkıları. *Journal of Higher Education and Science*, 2(1), pp. 14-19.
- Namal, Arın (2003). Ord. Prof. Dr. Philipp Schwartz'ın (1894-1977) İstanbul Üniversitesi Tıp Fakültesi'nde Patoloji Eğitime Katkıları. *Turkish Journal of Pathology*, 19(1-2), pp. 1-6.
- OECD Reports. Retrieved from: <http://www.oecd.org/els/health-systems/Briefing-Note-TURKEY-2014.pdf>. 03.12.2014
- Temos. Retrieved From: <http://www.temos-worldwide.com/> 03.12.2014
- Terzioğlu, A. (2008). *Experiencing and Explaining Cancer: A Critical Study of Turkish Modernity Through the Cancer Patients' Illness Narratives*. ProQuest.
- Terzioğlu, A. (Ed.) 2. Türk-Alman Tıbbi İlişkileri Sempozyumu Bildirileri (Proceedings of the Second Turkish- German Medical Relations Symposium). İstanbul, 24-25 Eylül 1981.
- Turkey: Medical Tourism Booming, Offering Sun and Surgery. Retrieved from <http://www.eurasianet.org/node/64150>.

Turner, L. (2007). First world health care at third world prices: Globalization, bioethics and medical tourism. *Biosocieties*. 2(3), pp. 303–325.

Voigt, Cornelia; Brown, Graham & Howat, Gary (2011) Wellness Tourists: in search of transformation. *Tourism Review*, 66(12), pp. 16-30.

Widmann, H. (1981). Atatürk ve Üniversite Reformu (Atatürk und Universitaetsreform) (Almanca Konuşulan Ülkelerden 1933 Yılından Sonra Türkiye'ye Gelen Öğretim Üyeleri) Yaşam Öyküleri-ÇalışmalarEtkileri. (Çevirenler: Aykut Kazancıgil, Serpil Bozkurt).

Widmann, H. (2000). *Atatürk ve Üniversite Reformu*. İstanbul: Kabalcı Yayınevi.