

# Health Tourism Journal



---

Vol:1 | Issue:2 | December | 2025

---



**e-ISSN: 3108-6195**

**[www.healthtourismjournal.com](http://www.healthtourismjournal.com)**

**[x.com/healthtourismj](https://x.com/healthtourismj)**

# Health Tourism Journal

Volume: 1

Issue: 2

2025

---

### EDITORIAL BOARD

---

#### **Editor in Chief**

Assoc. Prof. İshak Suat Övey  
Alanya Alaaddin Keykubat University University, Türkiye

#### **Associate Editor**

Assoc. Prof. Mustafa Alpin Gülşen  
Alanya Alaaddin Keykubat University, Türkiye

Prof. Aleksandra Jezierska-Thöle- Faculty of Geographical Sciences ,Kazimierz Wielki University, Poland.

Prof. Ana Beatriz Rodríguez Moratinos - Department of Physiology, Faculty of Science, University of Extremadura, Badajoz, Spain.

Prof. Dr. Aivars Aboltin - Department of Mathematics and Scientific Modeling, Latvia University of Life Sciences and Technologies, Latvia.

Prof. Dr. Atılğan Atılğan - Department of Biosystem Engineering, Alanya Alaaddin Keykubat University, Turkey.

Prof. Dr. Csaba Juhász - Department of Biochemistry and Engineering, University of Debrecen, Hungary.

Prof. Jose Antonio Pariente Llanos - Department of Physiology, Faculty of Science, University of Extremadura, Badajoz, Spain.

Assoc. Prof. Dr. Antanas Juostas - Department of History and Geopolitical Studies, Vytautas Magnus University, Lithuania.

Assoc. Prof. Dr. Arkadiusz Migdalski - Department of Health and Biomedical Research, Nicolaus Copernicus University in Toruń, Poland.

Assoc. Prof. Dr. Ferenc Pal-Fam - Department of Fungal Biodiversity and Environmental Monitoring, Hungarian University of Life Sciences, Hungary.

Assoc. Prof. Dr. Monika Marković - Department of Agriculture and Food Technology, University of Josip Juraj Strossmayer, Croatia.

Assoc. Prof. Dr. Tomasz Jakubowski - Department of Transportation and Regional Planning, University of Agriculture in Krakow, Poland.

Assist. Prof. Dr. Ewa Stawicka - Department of Sustainability and Corporate Social Responsibility, Warsaw University of Life Sciences, Poland.

Dr. Ricardo Jorge da Costa Guerra, Diretor da Escola Superior de Turismo e Hotelaria, Portugal (Health Tourism)

**Contact:** [info@healthtourismjournal.com](mailto:info@healthtourismjournal.com)

**Year: 2025, Volume: 1, Issue: 2, December / ISSN:3108-6195**

---

## PUBLICATION POLICY

---

**Aims & Scope:** Health Tourism Journal aims to provide a platform for scholars and researchers to share their experiences and publish high-quality studies in the field of health tourism.

**Publication Frequency:** Biannually (June, December)

**Languages:** Authors can submit their articles in English.

### **Review Process and Acceptation Conditions:**

1. The journal encompasses interdisciplinary research within Health Tourism. It welcomes both theoretical and applied studies in these areas.
2. Publication Frequency: Founded in January 2025, the journal is published twice a year. Each issue contains five articles and is published in June and December.
3. All issues are published online. The Editorial Board retains the authority to curate special issues centered on specific themes and announce them in advance.
4. Manuscripts may be submitted throughout the year. However, to ensure consideration for specific issues, authors must adhere to the following deadlines:
  - For the June issue, submissions must be completed by the end of April.
  - For the December issue, submissions must be completed by the end of October.
  - Manuscripts submitted after these dates will be evaluated for subsequent issues.
5. Requests to expedite the review process or assign a manuscript to a specific issue will not be accommodated.
6. The journal accepts manuscripts in English. Submissions in other languages may be considered upon special approval by the Editorial Board.
7. Manuscripts must strictly conform to the journal's stylistic and formatting guidelines. Non-compliance may result in rejection without review.
8. Submissions must be original, unpublished, and not concurrently under consideration elsewhere.
9. The journal invites contributions from academics, researchers, postgraduate students, and practitioners.
10. For studies necessitating ethical approval, explicit approval details must be included within the methodology section and referenced on both the first and last pages of the manuscript. Submissions lacking this information will not be considered.
11. Authors whose works are published in the journal are ineligible to submit another manuscript for the subsequent two issues. This restriction extends to all co-authors in collaborative works.
12. Manuscripts undergo a rigorous double-masked peer review by a minimum of two reviewers. A third reviewer is consulted where necessary, and the final decision is based on their evaluation.
13. All manuscripts are subject to plagiarism screening via Turnitin or iThenticate. The overall similarity index must not exceed 15%, with no more than 3% similarity from a single source. Submissions failing to meet these criteria will not proceed to the review stage.
14. Submitted manuscripts must not contain identifying information about the author(s). Instead, a separate cover page must be prepared, including the following details:
  - Title of the manuscript
  - Full name(s), academic title(s), and institutional affiliation(s) of the author(s)
  - Contact details and a brief biographical sketch
  - ORCID identifier
  - Ethical approval or institutional review number
  - Specific contributions of each author
15. The following documents must be uploaded during the submission process:
  - Cover page (including all required author details)
  - Anonymous manuscript file (containing only the manuscript title)
  - Plagiarism report
  - Any relevant datasets or supplementary materials, if applicable
16. To ensure the integrity of the double-masked review process, authors must remove personal information and metadata from the manuscript file.
17. The journal does not remunerate authors for published manuscripts.
18. All publication rights are vested in the journal. Articles may not be republished or utilized elsewhere without appropriate citation.
19. In the event of ethical misconduct:
  - The author(s) affiliated institutions will be formally notified.
  - The violating manuscript will be retracted from the journal.
  - The author(s) will be prohibited from submitting to the journal in the future.

Please do not hesitate to contact to [info@healthtourismjournal.com](mailto:info@healthtourismjournal.com) for any questions.

Web page: <https://healthtourismjournal.com/>

## REFEREES OF THIS ISSUE

---

Cansu SOLMAZ  
İbrahim TOPUZ  
İsmail ŞİMŞİR  
Keziban AVCI  
Mehmet GÖZLÜ  
Melike PEHLİVAN  
Nazlı TÜRKER  
Yusuf ÖCEL

Alanya Alaaddin Keykubat University  
Kütahya Health Sciences University  
Sakarya University of Applied Sciences University  
Ankara Yıldırım Beyazıt University  
Osmaniye Korkut Ata University  
Kütahya Health Sciences University  
Alanya Alaaddin Keykubat University  
Düzce University

---

## CONTENTS

---

<b>The Impact Of AI-Based Price Transparency Systems on Tourist Confidence and Destination Choice</b>	
Aslıhan KARATAĞ.....	6-33
<b>Health Tourism in Türkiye: Strategies, Practices, and Future Perspectives</b>	
Fatih SEYRAN.....	34-52
<b>Cognitive Health in Gerotourism: A Review of Alzheimer/Dementia Prevention and Geriatric Check-Up Tourism</b>	
Neslihan KARATAĞ.....	53-80
<b>The Strategic Role of The Healthtürkiye Portal and Brand in Türkiye’s International Health Tourism: An Examination from the Perspective of Legislation and Practice</b>	
Şennur CANER.....	81-97

# BRIDGING TRADITION AND INNOVATION: A STRATEGIC EVALUATION OF PAÜTERM'S ROLE IN INTEGRATIVE HEALTH TOURISM IN TÜRKIYE

Aslıhan KARATAĞ<sup>1</sup>

**Keywords:** AI-Based Price Transparency, Tourist Confidence, Destination Choice

**JEL Codes:** L83, L86

Karatağ, A. (2025). The Impact Of AI-Based Price Transparency Systems on Tourist Confidence and Destination Choice. *Health Tourism Journal*, 1(2). 10.5281/zenodo.18098944

## Abstract

Advances in artificial intelligence (AI) have transformed pricing mechanisms across the tourism and medical tourism sectors, enabling unprecedented levels of price transparency, cost forecasting, and information accessibility. This review synthesizes the existing literature on AI-based price transparency systems and examines their impact on tourist confidence and destination choice. Findings indicate that AI-driven pricing tools—such as machine learning-supported cost estimators, automated price comparison engines, and real-time dynamic pricing platforms—significantly reduce perceived financial risk by clarifying expected costs and minimizing unexpected expenses. Increased transparency enhances trust in both service providers and destinations, thereby fostering greater consumer confidence and influencing destination selection. Furthermore, AI-enabled systems support equitable competition among destinations by standardizing pricing information, while also shaping tourists' cognitive evaluations through eWOM analytics, sentiment analysis, and predictive modelling. However, challenges remain regarding algorithmic bias, data privacy, over-standardization of prices, and potential consumer reliance on automated systems. Overall, the review demonstrates that AI-based price transparency is a critical determinant of modern tourist behavior, strengthening trust, improving decision-making, and reshaping destination competitiveness. Future research should investigate cross-cultural differences in trust formation, the long-term behavioral impacts of AI-mediated pricing, and the ethical implications of algorithmic transparency in tourism markets. This review study explores how AI-based price transparency practices in the tourism sector influence tourist trust and, in turn, destination choice. It focuses on the effects of transparent pricing, dynamic pricing, and personalized AI-driven systems on tourists' perceptions of fairness and trust, synthesizing existing research to clarify the relationship between price transparency, trust, and destination selection.

---

<sup>1</sup> Gerontologist Aslıhan KARATAĞ, Alanya Alaaddin Keykubat University, PhD Program in Health Tourism, Antalya, Türkiye, 255424001@ogr.alanya.edu.tr , <https://orcid.org/0000-0002-6003-8903>

*Received Date: 12.02.2025*

*Accepted Date: 12.26.2025*

## **1. Introduction**

Health tourism is growing at a remarkable pace at the intersection of travel industries around the world. Rising healthcare costs, longer waiting times, and changing expectations for service quality in many countries are the factors driving this growth (Uçak, 2016). It has been discovered that the expansion of the health and social services sector in Turkey has a long-term causal relationship with health tourism revenues. As a result, patients from developed countries are turning to developing countries that offer cheaper, shorter waiting times, and equal or better services (Başol, 2015).

Healthcare costs vary significantly between countries. For example, in dental tourism, patients traveling abroad for treatment emphasize their preference for price advantages when “significant and substantial price differences” are involved (Eser, 2025). This applies not only to dental tourism but also to medical tourism areas such as surgery, orthopedics, aesthetics, and general treatment. In the literature, price is one of the most important factors in medical tourists' destination selection (Sag et al., 2025).

As a result, the rapid growth in medical tourism and significant price differences between countries are of strategic importance for both service providers and destination policies. This study will investigate the impact of AI-supported price transparency systems on tourists' perception of trust and destination selection.

Medical tourism, defined as patients traveling outside their own countries to seek treatment, is gaining increasing importance in the context of international healthcare services. Price transparency is crucial in the decision-making process of medical tourists, meaning that treatment costs must be comparable and accessible in advance. For example, a study found that medical tourists identified the concept of “potential savings/low cost” as a highly important motivator when selecting destinations. This research emphasized that accessibility and quality have a significant impact on price (Çapar and Aslan, 2020). Similarly, another study found that patients traveling abroad for treatment from the United States are motivated by “escaping high treatment costs.” This research found that costs play an important role in destination selection (Collins, 2018). Uncertainty and perceived risk can undermine tourists'

confidence due to a lack of price transparency. The literature indicates that confidence is one of the most important factors influencing choices in medical tourism (Köksalanlar, 2020). However, clearly stating treatment prices in advance can help visitors compare options, reduce their perception of risk, and speed up the decision-making process (Büyük, 2025).

Price transparency is crucial in medical tourists' destination selection because prices are not only cheap but also reliable and comparable. The aim of this study is to examine, from a review perspective, how AI-supported price transparency systems can affect tourist confidence and destination preferences in this context (Güllü, 2019). Health tourism today has entered a new phase, not only involving treatment trips across national borders but also driven by digital transformation. The integration of Artificial Intelligence (AI) technologies into health tourism processes can lead to significant changes in a wide range of areas, including the patient experience. For example, a literature review found a model showing that AI can systematically change the processes of “Information Search → Planning → Travel-Treatment → Follow-up → Feedback” (Karcıoğlu, 2025).

However, a study conducted in health tourism destinations in Egypt found that AI could increase operational efficiency, reduce costs, and improve patient satisfaction (Rady, 2024). Medical tourists hope to use AI technologies such as big data analytics, machine learning, natural language processing, and chatbots to overcome information asymmetry, language and cultural barriers, and facilitate post-treatment follow-up (Hassan and Bellos, 2022).

In this context, AI is seen as a strategic tool because it can facilitate access to healthcare services and provide destinations with a competitive advantage. For example, AI-supported service processes for destinations can increase quality and speed in areas such as case management, patient communication, and logistics (Karcıoğlu, 2025).

This review study investigates how traveler trust and location choice are impacted by AI-based price transparency methods in the tourism industry. It focuses on how tourists' views of fairness and trust are affected by transparent pricing, dynamic pricing, and tailored AI-driven systems. It synthesizes previous research to elucidate

the connection between price transparency, trust, and destination choice.

## **2. Literature Review**

### **2.1. The Role of Price in Medical Tourism**

Research in the field of medical tourism shows that travel and treatment costs are among the most important factors in the medical tourism sector. In a 2019 study conducted by Alnakhi and colleagues on patients traveling abroad for treatment from the United Arab Emirates, cost was found to be the most important motivating factor in the choice of treatment destination for high-cost areas such as cancer, orthopedic, and cardiovascular diseases.

Moghimehfar and Nasr-Esfahani (2011), while examining the selection of medical tourism destinations for fertility treatment in Iran, showed that treatment costs, transportation and accommodation costs are as important as quality and success rates in destination selection. As this study emphasizes, the main reason developing countries stand out in medical tourism is their ability to offer comparable quality at a lower total cost.

Regarding the medical tourism sector in Turkey, Sag (2025) aims to achieve the highest benefit within budget constraints through rational choice theory; in this context, he states that cost is one of the most important factors when choosing medical tourism destinations. The results of the study show that patients prefer Turkey based on the cost-benefit balance and that it offers competitive prices compared to rival destinations.

In Sancar's (2023) study examining the relationship between health tourism motivations and satisfaction, it is emphasized that the “tendency to choose the most affordable price” is one of the basic behavioral patterns for health tourists and that cost is the second, or even the first, motivational factor after the country's economic and political structure.

The structural equation model developed by Han and Hyun (2015) examines customers' attitudes and behaviors in medical tourism.

This model shows that the perception of “price reasonableness” significantly increases both customer satisfaction and the intention to revisit and loyalty through perceived quality and trust.

### **2.1.1. The advantage of countries offering affordable yet high-quality healthcare services**

Developing countries, in particular, have an advantage in medical tourism because they can offer “affordable yet high-quality” healthcare services. In a study by Ateş and Sunartoplum (2024) comparing Turkey with rival countries in medical tourism, places such as South Korea and Poland stand out because they can “offer high clinical quality at reasonable prices”; Poland stands out with an “exceptional price-quality ratio” compared to rival countries.

According to the results compiled by Sancar (2023), studies conducted in India found that the reasons for the country becoming a brand destination in medical tourism included “offering the highest quality healthcare at low prices, a team of specialist doctors, and well-equipped hospitals.”

Similarly, Sag's (2025) analysis of the Turkish example shows that the potential savings per patient, high technology, and skilled human resources make the country attractive as a low-cost destination.

In summary, price is a multifaceted factor in medical tourism that (i) influences the decision to seek treatment abroad, (ii) is often the most important factor when choosing destinations, and (iii) affects satisfaction and the perception of “reasonable pricing.” Developing countries have an advantage in this regard because they can offer a combination of low cost and high quality.

## **2.2. The Relationship Between Digital Transparency and Trust**

### **2.2.1. The role of digital platforms and AI in increasing user trust**

In recent years, there has been intense debate in both health economics and healthcare delivery literature about applications that provide price transparency and access to information in healthcare through digital platforms. Araich et al. (2023), in a review examining healthcare price transparency regimes in North America and Europe, note that online price disclosures and digital tools reduce information asymmetry, enabling patients to make more informed and autonomous decisions. This holds significant potential for trust and satisfaction. Trust-based relational

marketing approaches use AI-driven systems that support perceived price fairness through real-time price comparisons and explainable algorithms.

From a behavioral economics perspective, transparent and personalized pricing functions as a decision-making mechanism that facilitates visitors' choices.

Similarly, Bernstein (2024) and Zhang et al. (2020), in a study on price transparency in healthcare, emphasized that digitally accessible and comparable price information can reduce patients' perceptions of financial uncertainty, improve the patient experience, and increase trust.

Clinical studies demonstrate the impact of price transparency on trust. Wang et al. (2024), in their case study on the US healthcare system, found that clear and reliable cost information at the provider and hospital levels led to patients having greater trust in providers and higher satisfaction.

Han et al. (2022), in their study focusing on hospital costs and competition, showed that publicly available price information not only puts pressure on costs but also supports quality-focused choices through “informed health consumerism.”

Digital transparency builds trust through eWOM and online reviews. Abubakar and Ilkan (2016), in their model examining the relationship between online word-of-mouth (eWOM) and destination trust and travel intention, show that trust in online information sources significantly increases trust in the destination, which in turn increases visit intention.

Zelenka (2021), in his trust model developed for online review sites for tourism services, shows that when users perceive online reviews as “reliable and decision-facilitating” information sources, they trust these sites and the recommended destinations more.

According to the Theory of Planned Behavior, AI-supported price transparency practices are observed to have a positive effect on perceived behavioral control and attitudes, thereby increasing destination choice intention. Studies in the literature indicate that trust is a key structural component explaining the relationship between destination loyalty and price transparency.

In this context, within the digital tourism ecosystem, perceived usefulness and ease of use—concepts associated with the Technology Acceptance Model (TAM)—

influence tourist behavior through AI-based price transparency systems.

### **2.2.2. AI-based recommendation and comparison systems: decision-making time and satisfaction**

“Artificial intelligence-based comparison and recommendation systems, which examine the effects on consumer behavior, trust, and the decision-making process, are frequently discussed in the literature under the heading of “recommendations/AI-supported service agents.” Malicic and Weismayer (2021), in a study on consumers using AI-supported travel service agents, show that such agents increase the perceived value creation of personalized information and facilitated comparison opportunities, simplify the decision-making process, and increase experience satisfaction.

Rohden and Zeferino's (2023) study, published in *Electronic Commerce Research*, examines the effects of risk perception and trust toward AI-based recommendation agents on consumers' intention to use these agents. Findings indicate that trust in AI agents significantly increases usage intention by reducing perceived risk.

Pathak et al. (2024) show that when AI is used as a “decision assistant” or “delegated agent,” it strongly determines users' intention to adopt the technology, and when sufficient trust is established, users are more willing to delegate their decision-making burden to AI.

In the broader context of online shopping, findings show the effects of personalized recommendations and artificial intelligence on satisfaction and decision-making efficiency. A systematic review by Ribeiro et al. (2025) shows that artificial intelligence systems have an indirect effect on purchasing behavior and loyalty through experience and trust. In this context, personalized content and recommendations can increase customer satisfaction and brand trust.

Yin (2025) shows that AI-powered personalized recommendation systems shorten decision time and increase overall experience satisfaction by simplifying decision sets that include price and perceived risk elements.

More directly relevant to the medical tourism context, Nilashi et al. (2022) developed a method that analyzes online reviews using AI/machine learning-based text mining and fuzzy logic methods to predict patients' preferences and satisfaction levels on medical tourism websites. The study shows that by processing eWOM data

through such intelligent systems, recommendation and decision support systems can be developed that more accurately predict medical tourists' preferences. This can improve both destination matching and overall satisfaction.

While these studies do not directly examine AI-based medical tourism price comparison websites, they examine the general characteristics of AI-supported recommendation and comparison systems:

- they reduce perceived complexity and information asymmetry,
- they shorten decision-making time and reduce decision-making time,
- significantly increase user trust and satisfaction as the system's transparency and quality improve

it has been concluded that AI-based comparison platforms that combine quality and price information in medical tourism could theoretically enable both faster and smarter destination selection and higher customer satisfaction and trust.

The purpose of this review study is to analyze the effects of artificial intelligence (AI)-based price transparency systems on tourist trust in the tourism sector and how this trust is reflected in the destination selection process. The study examines the impacts of AI-based applications—such as transparent information sharing, dynamic pricing, algorithmic recommendation systems, and personalized pricing presentations—on tourists' perceptions, sense of fairness, and trust formation. Therefore, the study aims to systematically synthesize the findings of existing research in order to better understand the relationship between price transparency, trust, and destination choice.

### **3. METHODOLOGY**

This study adopts a conceptual review approach to examine the effects of artificial intelligence (AI)-based price transparency systems on tourist trust and destination choice. Rather than aiming to quantitatively synthesize empirical findings through a systematic literature review, the study seeks to develop an explanatory framework by integrating concepts and theoretical perspectives that are addressed in a fragmented manner across the existing literature. In this respect, the research is grounded in a conceptual synthesis and theoretical integration approach.

### **3.1. Selection of Conceptual Sources**

The literature included in this study was identified through a purposeful and theory-driven selection process. Sources were evaluated from an interdisciplinary perspective, primarily drawing on tourism studies, marketing, information systems, and behavioral economics. The selection process was guided by the following criteria:

- Addressing consumer perceptions in the context of AI-based pricing, price transparency, algorithmic decision-making, and digital platforms;
- Providing theoretical contributions to key constructs such as tourist trust, perceived fairness, risk perception, and destination choice;
- Incorporating widely cited theoretical models or conceptual frameworks within the relevant literature;
- Reflecting contemporary debates, particularly in relation to artificial intelligence and digital pricing practices.

This approach aligns with the methodological tradition of conceptual review studies that prioritize theoretical depth and explanatory power over numerical comprehensiveness.

### **3.2. Theoretical Positioning and Analytical Perspective**

The study adopts an interpretivist and theory-oriented analytical perspective. AI-based price transparency systems are conceptualized not merely as technological tools, but as socio-technical structures that shape tourists' perceptions of trust, fairness, and risk. Accordingly, the analysis draws primarily on the following theoretical perspectives:

- Trust theory, to explain the role of transparency in trust formation within tourist–platform relationships;
- Perceived fairness and value frameworks, to understand consumer responses to dynamic and algorithmic pricing practices;
- Information asymmetry and signaling theory, to explain how price transparency reduces perceived uncertainty and risk.

This theoretical framework is grounded in the assumption that tourist behavior is

shaped less by purely rational calculations and more by perceptual and contextual evaluations.

### **3.3. Conceptual Analysis and Synthesis Process**

The organization and interpretation of concepts in this study followed a three-stage analytical process. In the first stage, key concepts identified in the literature were defined and their conceptual boundaries were clarified. In the second stage, these concepts were grouped under common themes and the relationships among them were examined. In the final stage, the identified themes were integrated to explain how AI-based price transparency systems influence tourist trust and how this trust, in turn, is reflected in destination choice.

Through this integrative approach, the study aims to move beyond a descriptive summary of existing research and to offer a conceptual explanatory model that elucidates the role of AI-based price transparency within the tourism context.

## **4. CONCEPTUAL FRAMEWORK**

### **4.1. Price Transparency**

Price transparency in healthcare services allows patients to see the amount they will pay for the service in advance, and fees are presented in a comparable and understandable manner. This is crucial for reducing information asymmetry, fostering competition among more providers, and supporting consumers' decision-making processes (Bernstein et al., 2024). When considered within the framework of consumer trust theory, price transparency reduces information asymmetry, lowers perceived risk levels, and enables visitors to make more informed choices during the decision-making process.

Price transparency is of vital importance in medical tourism. Patients seeking cross-border healthcare face language and cultural barriers, uncertainty regarding insurance coverage, and the risk of high costs. Consequently, price transparency is crucial for selecting a service provider and destination (Sag et al., 2025).

“Package services,” commonly used in medical tourism, such as treatment, accommodation, and transfers, have the potential to increase price transparency because they allow patients to purchase multiple products at a single price. However, the literature shows that the contents of these packages are not always fully disclosed; moreover, hidden costs such as medication, extended stays, and extra surgical fees may arise (Tanwar, 2020).

Transparency also stems from price variability between countries and institutions. For example, significant price differences among providers in the United States for the same procedure have been identified, and prices have been found to be not directly related to quality (Hostetter and Klein, 2012). Medical tourists need to compare and “understand the difference” when making decisions due to such variations; otherwise, feelings of uncertainty and risk increase.

Although online comparison tools and digital platforms are seen as an important tool for price transparency, the literature highlights some of their shortcomings. Despite the increasing obligation for healthcare providers to publish prices online, there are issues such as data standardization, presentation format, and different definitions of service package content (Moreira, 2014). This situation cannot fully guarantee the comparability and usability of information, even if access to price information increases.

Therefore, the literature reveals the following conclusions:

- Price transparency in health tourism is crucial for destination selection and service provider selection.
- Although offering package services at predetermined prices has the potential to increase transparency, hidden costs may still arise.
- Comparison mechanisms are more important due to price differences between countries.
- Digital platforms provide transparency, but there are issues such as data standards, content clarity, and presentation in a way that users can understand.
- This framework provides the conceptual infrastructure for AI-based price

transparency systems, which will be discussed in later sections.

## **4.2. Artificial Intelligence-Enhanced Price Transparency Systems**

Artificial intelligence (AI) and machine learning (ML) technologies are becoming increasingly important for price transparency, price setting, and cost estimation in healthcare. These systems enable healthcare organizations and service providers to both estimate their costs more accurately and offer more transparent pricing to potential patients.

### **4.2.1. Machine learning-supported cost calculation models**

AI and ML models have been developed to calculate the costs of healthcare services. For example, Rakshit and colleagues used clustering and Markov chain techniques in their study to predict the healthcare costs of breast cancer patients in the early stages. This model was able to use patient diagnosis and procedure data to predict hospital costs with only a 6% average absolute percentage error (Rakshit et al., 2021).

Zou and colleagues created a hybrid CM model in their study. This model provides similar or higher prediction accuracy compared to traditional single-approach models. Such models create more transparent and predictable pricing structures by using cost data in addition to clinical and administrative data (Zou et al., 2023).

Hautala and colleagues demonstrate in their work that machine learning tools can predict healthcare costs using real clinical and financial data. These techniques are crucial for improving cost control and transparency in healthcare services (Hautala et al., 2023).

### **4.2.2. Chatbots, deep learning, and machine learning-based price prediction engines**

AI models for price transparency can be used in both the cost estimation and price determination and presentation stages. For example, there are systematic studies showing that AI is used in the field of dynamic pricing for user segmentation, willingness to pay, and demand forecasting (Chenavaz & Dimitrov, 2025). These studies show that AI plays a more important role in pricing systems as a situation assessment.

However, the Puh study examined the role of AI in customer experience and tourism. It has been shown that SVM (Support Vector Machines), CNN (Convolutional Neural Networks), and other deep learning models successfully classify sentiment and evaluation in tourism assessments (Puh, 2023).

These techniques can be used to model user internal variables such as quality perception and price perception. Therefore, AI can predict questions such as “whether the stated price is perceived as a fair price” in medical tourism packages and reinforce transparency messages. AI-powered price prediction engines can help both providers optimize their price offers and patients easily compare prices by taking into account variables such as package content and service demand.

#### **4.2.3. AI-based pricing applications for hospitals**

AI creates cost-based automatic analysis and historical data-driven price recommendation models for hospitals and healthcare providers. A systematic review has shown that when AI solutions are applied in various clinical areas, they increase cost-effectiveness and enable more planned pricing in service delivery (El Arab and Al Moosa, 2025). Service providers can pre-determine their prices using cost data such as length of stay, procedure type, and complication risk, and offer patients clearer quotes. This approach, aligned with the “package price + pre-notified total costs” logic in medical tourism, provides a significant advantage in terms of transparency.

#### **4.2.4. AI-based extraction of price perception from eWOM and social media data**

AI approaches are used to extract price perception through topic modeling and perception measurement via social media and online reviews. Charfaoui and Mussard provided decision-makers with information on pricing themes by using machine learning-based analysis for user reviews (price, quality, and service) in tourism (Charfaoui and Mussard, 2024). Furthermore, a systematic review examining sentiment analysis and classification models on tourism review data highlights gaps and future directions in this area (Jain & Pamula, 2020). These results show that AI-supported eWOM analysis can track variables such as “how customers perceive the price of the service” and “perceived price/quality balance” in medical tourism.

### **4.3. Tourist Trust**

Tourist trust in health tourism is a multifaceted concept. The patient trusts their doctor, the country or destination where they receive treatment, the digital platforms managing the process, and the physician. In the health services literature, trust is defined as a result of the patient's positive expectations regarding the physician's competence, intentions, and ethical attitude. Trust is closely related to outcomes such as treatment compliance, satisfaction, and repeat choice.

Ünal and Tüzün's study on e-health literacy and trust in physicians shows that despite digitalization creating new tensions in the patient-physician relationship, trust in physicians remains very important in healthcare decisions (Ünal and Tüzün, 2025). Similarly, Ramachandran and colleagues' studies have shown that e-health applications such as online counseling and telemedicine can affect the patient-provider relationship and trust in both positive (accessibility, ease of communication) and negative (distance, distrust) ways (Ramachandran et al., 2023).

Research examining trust dynamics in health information systems shows that patients' trust in the institutional system and digital infrastructure plays an important role in their treatment preferences and willingness to use digital channels (Song et al., 2024).

In medical tourism, trust is particularly related to destination safety. A study conducted by Abubakar and Ilkan in 2016 found that online word-of-mouth communication (eWOM) significantly increased destination trust in medical tourism and boosted travel intentions (Abubakar and Ilkan, 2016). This model addresses perceptions of the country's healthcare infrastructure, the professionalism of hospitals, the competence of physicians, and the reliability of the destination. In medical businesses, service quality and customer satisfaction are as important as trust in the provider and the destination (Arıcı and Güçer, 2018).

These results show that trust in medical tourism is based not only on the individual doctor-patient relationship, but also on the country's image and corporate brand.

#### 4.4. Destination Selection

Almost all models consider price as a fundamental variable when explaining medical tourists' destination choices. Sarwar, Manaf, and Omar (2012) found in their study with medical tourists from 23 countries that treatment quality, safety, and cost components are the key elements of destination selection. Similarly, Sultana et al. (2014) state that the key factors increasing the attractiveness of medical tourism in the case of India are treatment costs, transportation expenses, and the country's overall cost of living. Furthermore, Zolfagharian et al. (2018) used a structural equation model to show that quality, perceived safety, and price/savings potential are important components of destination selection.

These results reveal that price is important at two levels for medical tourists. First, affordability and the perception of “reasonable price” play an important role in an individual's decision to seek treatment in their own country or to seek cross-border treatment. The perception of “price reasonableness” significantly increases the intention to revisit and positive word-of-mouth communication through satisfaction and trust (Han and Hyun, 2015).

Second, price differences between different destinations facilitate medical tourists' travel to specific countries.

In Sancar's (2023) study, it was also emphasized that there is a strong relationship between destination selection in medical health tourism and the “quality-price balance.” It was highlighted that when individuals exceed a certain quality threshold, they prefer to earn more money rather than gain quality. In this context, medical tourism studies consider not only the cost of destination selection but also the idea of “savings potential.” According to Jotikasthira's (2010) research, price-sensitive medical tourists can save more while maintaining a certain level of quality. Furthermore, studies investigating the factors influencing destination choice in the case of Turkey have shown that “savings potential” (e.g., a person paying less money in Turkey for treatment compared to their home country), along with care quality, safety, hygiene, and accessibility, significantly influences destination choice (Çapar and Aslan, 2020).

Recent scaling studies indicate that prices are an important component of medical

tourism destinations. The Medical Tourism Destination Image scale developed by Alp and Yılmaz (2024) considers “affordable and accessible costs,” including the quality of doctors and hospitals, ease of travel, and safety, as an important part of the attractiveness of health destinations.

In Huyen and colleagues' (2024) study, the “treatment cost” variable was confirmed both hypothetically and empirically as one of the key factors positively influencing the choice of medical tourism destination, along with the quality of medical services.

#### **4.4.1. Destination preference based on artificial intelligence and price comparison**

The tools medical tourists use in the destination selection process are changing with digitalization. Yin (2024), while addressing the health tourism experience in the digital age, emphasizes that smart technologies, big data, and online platforms have significantly changed users' information search and comparison habits. This enhances the experience by providing access to cost, quality, and user reviews on the same screen.

Karacıoğlu (2025), in a conceptual framework examining the impact of artificial intelligence on the patient journey in medical tourism, states that AI-based decision support systems optimize the process through package cost simulation, hospital and physician selection, destination and personalized recommendations.

Lajevardi and colleagues' (2025) theoretical model discusses the impact of artificial intelligence on efficiency and accessibility in medical tourism, arguing that AI-supported platforms provide predictable costs and price transparency.

Such platforms can compare procedure prices, exchange rates, and package services (accommodation, transfers, companions, etc.) for hundreds of hospitals and destinations.

Health policy and health economics literature emphasizes that price transparency increases competition among providers and enhances patient choice (Miller, 2020).

In medical tourism, this situation is manifested by the preference for lower-cost destinations thanks to AI-powered price comparison tools.

Therefore, although very few empirical studies in the literature have directly addressed the topic of “AI-based price comparison engines,” studies focusing on the role of smart technologies in health tourism (Yin, 2024) and conceptual frameworks regarding the use of artificial intelligence in medical tourism (Karcioğlu, 2025; Lajevardi et al., 2025) have shown that price transparency, comparability, and personalized cost information directly influence destination selection.

#### **4.4.2. Competitive price indicators and tourism flows**

At the macro level, more research has emerged showing that competitive price indicators drive health tourism flows. Pailwar and Mitra (2025) analyzed the relationship between exchange rate-adjusted relative prices and international medical tourism arrivals using threshold regression techniques. These findings show that relative prices have a significant and non-linear effect, particularly in the middle band; competitive but not excessively low prices increase medical tourist flows within a certain range.

In Tang and Lau's (2017) study modeling medical tourism demand to Malaysia, relative prices and exchange rate variables are among the key macroeconomic factors explaining demand.

Similarly, studies conducted for Iran show that price competition and cost advantages are important for increasing destination attractiveness. When investments in medical tourism supply capacity and service quality are not supported by competitive pricing policies, demand growth is limited (NajafiNasab, 2018; Azimi et al., 2018).

Studies examining the relationship between health tourism revenues and exchange rates in the case of Turkey concluded that real exchange rate appreciation can make Turkey more expensive, thereby weakening international health tourism demand and potentially increasing patient flows from regional markets in particular (Ağazade & Ergün, 2022).

At the micro level, models working with “savings potential” indicators show that price affects not only the initial visit decision but also repeat visits and destination recommendation. According to the model developed by Han and Hyun (2015),

which includes the “price reasonableness” dimension, the perception of reasonable prices increases the intention to revisit through trust and satisfaction with the destination, while also increasing eWOM behavior towards the destination. This demonstrates that competitive price indicators affect both short-term patient flows and long-term demand and brand perception.

In general, studies show that prices play a significant and complex role in the selection of medical tourism destinations. At the micro level, individual destination preferences and, at the macro level, country-based tourism flows are influenced by treatment and travel costs, exchange rate-adjusted relative prices, and the perception of “price reasonableness.” Smart technologies and AI-powered price comparison systems make this process more transparent and comparable, increasing the impact of competitive price indicators and the likelihood of destinations offering price advantages being chosen.

## **5. DISCUSSION**

When literature studies are evaluated together, it emerges that artificial intelligence (AI)-based price transparency systems have a wide range of effects on perceived risk and trust in medical tourism. Research on price transparency in healthcare shows that the biggest problems are uncertainty about “not knowing the total cost” and “bill shock.” Sinaiko (2011) and Pollack (2022) suggest that price information should be presented in a clear and understandable manner to reduce the financial uncertainty patients face when making decisions; Bernstein (2024) frames price transparency as a policy tool that benefits patients by increasing competition.

Anderson's (2024) research on “medical bill shock” shows that unexpected bills create significant stress and insecurity, especially for patients with private insurance. Therefore, AI-based price prediction and comparison engines can be used to offer a technical solution to the uncertainty and unexpected cost issues discussed in the literature. Models developed using deep learning and machine learning can predict future healthcare expenditures for individuals or patient groups with high accuracy (Drewe-Boss et al., 2022; Rakshit et al., 2021; Gopukumar et al., 2022).

These studies show that AI-based cost estimation systems can predict hospital costs and patient-based spending trends using appropriate data and modeling. Therefore,

it is technically possible to calculate the “expected total treatment cost” more accurately in advance in the context of medical tourism. More accurate predictions reduce risk perception and increase trust in the healthcare provider and destination. This reduces the likelihood of unexpected costs and billing shocks, as defined in the literature.

The reliability of AI systems is not limited to their ability to make accurate predictions; transparency, perceived system quality, and data processing methods are all important components. In Mani's (2025) study on online shopping, AI system quality positively affects user experience and consumer trust, which in turn has an indirect effect on purchasing behavior.

Rohden and Zeferino (2023) show that the perception of risk towards AI-based recommendation agents increases, particularly due to uncertainty about data privacy and “how” algorithmic decisions work. However, the perceived risk towards AI-based recommendation agents indicates a decrease in trust in the provider institution and the technology. These results indicate that the level of transparency and explainability of the system will be crucial in building trust in AI-based price comparison and prediction systems designed for medical tourism.

High price transparency creates a more “fair” competitive environment among destinations. Bernstein (2024) and Sinaiko (2011) state that making price information accessible to patients in healthcare services can make the market more competitive by providing opportunities to compare prices. AI-based price transparency tools for medical tourism can help international patients better understand the “cheap but high-quality” treatment advantage for countries like Turkey, which have a relatively high quality-price ratio. Sag (2025) explains Turkey's competitive advantage in the medical tourism market as its ability to offer a similar level of quality at a lower cost. Gülerüz's (2021) study, which predicts healthcare expenditures using machine learning, also shows that the country's cost structure can be modeled analytically.

AI-supported platforms can enable Turkey to present its price advantage in medical tourism to the international market in a more transparent and attractive way. However, there is a great deal of research on the potential harmful consequences of

AI-based pricing and recommendation systems. Studies examining the impact of pricing algorithms on competition have focused particularly on the potential of algorithmic pricing to weaken competition by standardizing prices or facilitating tacit cartel-like behavior.

Calvano et al. (2023) demonstrate that adaptive algorithms can sustain non-competitive, consumer-unfriendly price levels in repeated games; Bichler (2025), summarizing the literature on algorithmic pricing and collusion, discusses risks such as prices converging and competitive pressure diminishing as algorithms gravitate toward similar strategies.

At first glance, AI-based price comparison sites appear to increase competition between destinations for medical tourism. However, if providers become dependent on the same cost estimation engines and similar algorithms, price diversity is likely to decrease, and “invisible standard prices” may emerge. This lack of trust stems from inaccurate or biased price estimates. Rohden and Zeferino (2023) show that the perceived risk associated with AI agents increases, particularly when the expected output conflicts with user expectations. In such cases, the system ceases to be a reliable “decision aid.” In medical tourism, an AI-based prediction engine that does not sufficiently account for transfer, accommodation, and additional medical procedure costs may cause the patient to lose trust in the platform and destination. Consequently, the discussion section should emphasize the need to clearly explain the model's limitations, present predictions with ranges and scenarios, and disclose the “residual risk” to the user.

Finally, research shows that data privacy and ethical issues affect trust in AI-based systems. Alhitmi et al. (2024) demonstrate that concerns about data security and privacy violations in AI-supported marketing applications negatively impact consumer trust and engagement. It highlights the importance of factors such as the scope of data collection, storage duration, and sharing with third parties. Similarly, a 2024 mixed-methods study shows that concerns about data privacy in digital marketing significantly reduce consumer trust and willingness to share data.

In a field such as medical tourism, where sensitive health data is used, the inability of AI-based price transparency platforms to provide clear and verifiable answers to

questions such as what data they collect, how long and where they store it, how they process it, and with whom they share it, may overshadow the system's transparency and pricing advantages. Consequently, the discussion section should emphasize the principles of ethical design, privacy-by-design, and fair/bias-free modeling; studies developing fair and interpretable deep learning models in healthcare, such as Saxena et al. (2025), should be used as a reference for medical tourism.

## **6. CONCLUSION**

The studies examined in this research indicate that AI-based price transparency systems may have a significant impact on trust, decision-making processes, and destination choices in medical tourism. Research on price transparency in healthcare indicates that transparency can increase competition, reduce patient uncertainty and financial risk, facilitate more autonomous and informed decision-making, and reduce patients' financial risk (Sinaiko, 2011; Pollack, 2022; Bernstein, 2024; Anderson, 2024).

The AI and machine learning literature indicates that deep learning and traditional machine learning models may have high explanatory power for predicting patient-based healthcare expenditures and hospital costs (Drewe-Boss et al., 2022; Rakshit et al., 2021; Gopukumar et al., 2022; Hautala et al., 2023). When these results are considered together, AI-based cost models and price comparison platforms that holistically predict procedure, accommodation, and travel costs in medical tourism can increase trust in the destination by reducing perceived risk through lowering unexpected costs.

Additionally, studies investigating the effects of AI system quality and personalized recommendation mechanisms on trust and satisfaction indicate that well-designed AI-supported decision support systems can be tools that shorten decision-making time, reduce cognitive load, and improve user experience (Mani, 2025; Rohden & Zeferino, 2023).

Such systems can make the cost-benefit balance clearer and more understandable, especially for medical tourists trying to decide among numerous hospitals, destinations, and package options. As noted by Sag (2025), for destinations that combine competitive pricing and high quality, such platforms can increase demand by promoting the country's price advantage globally. However, the findings indicate

that the negative aspects mentioned in the literature should not be ignored. Issues discussed in algorithmic pricing studies, such as personalized discriminatory pricing, implicit collusion, and price standardization, may also be theoretically valid in medical tourism (Calvano et al., 2023; Bichler, 2025). The convergence of prices among providers using the same or similar algorithms toward the “equilibrium prices” suggested by the algorithm, rather than a competitive basis, may weaken competition.

Furthermore, concerns about data privacy and security may reduce trust in AI systems. These concerns are even more important in areas where sensitive health data is used (Alhitmi et al., 2024; data privacy–security studies, 2024).

Overall, current research indicates that AI-based price transparency systems can significantly influence tourist behavior in a positive way. However, this effect is highly dependent on design principles, the level of transparency, compliance with competition law, and ethical frameworks.

### **6.1. Recommendations for Future Research**

(i) Experimental studies on how AI systems affect patient trust:

Most current studies rely on conceptual models, observational data, or surveys in the general healthcare or e-commerce context. Pollack (2022) and Bernstein (2024) highlight the limitations of the approach and the lack of evidence when examining the real-world effects of price transparency. Future studies should:

- Testing AI-based price comparison interfaces developed for medical tourism through controlled experiments,
- Comparing the differences between “AI price transparency” and “classic information presentation” for the same treatment scenario in terms of trust, perceived risk, decision time, and destination selection has the potential to significantly fill a gap in the literature.

(ii) Development and modeling of AI-based price comparison platforms specific to Turkey

In Turkey, there are studies on predicting healthcare expenditures using machine learning (Güleryüz, 2021) as well as studies on the development and modeling of AI-based price comparison platforms for medical tourism competition (Sag, 2025).

However, these studies have not yet converged in the context of AI-based patient-facing platform design. Future projects:

- Hospitals, clinics, and package tourism providers in Turkey can create an AI-based medical tourism price comparison prototype using their price and outcome data.
- By testing these systems on both local and foreign patients, they can measure how AI-supported transparency makes Turkey's price advantage more apparent and attractive.

(iii) Measuring price transparency on the destination brand:

Han and Hyun (2015) developed a structural equation model linking “price reasonableness” in medical tourism with satisfaction, trust, and revisit intention. This model demonstrates how price perception influences brand loyalty and positive eWOM behavior.

Future research:

- How medical tourists using AI-based price transparency tools affect destination images, brand trust, recommendation intentions, and revisit intentions,
- The relationships between price transparency and the sub-dimensions of destination image (digital competence, ethical perception, quality perception, etc.) should be empirically examined. Therefore, the role of price transparency in both cost accounting and brand equity and destination identity creation can be more clearly revealed.

(iv) Development and testing of deep learning-based real cost calculation models:

In the health economics and health informatics literature, numerous studies have been conducted using deep learning and machine learning to predict health expenditures at both the individual and population levels (Drewe-Boss et al., 2022; Hautala et al., 2023; Langenberger et al., 2023). In Turkey, healthcare expenditures are also estimated using GPR, SVR, and DT models (Güleryüz, 2021). In the future:

- Variables include type of treatment, additional procedures, risk of complications, length of stay, need for a companion, type of accommodation, and seasonal flight costs.
- Deep learning can be used for actual cost calculation models;

- The accuracy, generalizability, and explainability of these models can be tested by comparing them with actual costs;
- At the same time, fair (bias-reducing) modeling techniques (e.g., using demographic variables such as income level, age, gender, and country of origin) can prevent systematic errors and discriminatory outcomes (Saxena et al., 2025).

Such research will contribute to the creation of an ethical and fair digitalization framework in medical tourism and strengthen the technical infrastructure of AI-based price transparency systems

### References

Abubakar, A. M., & Ilkan, M. (2016). Impact of online WOM on destination trust and intention to travel: A medical tourism perspective. *Journal of Destination Marketing & Management*, 5(3), 192–201. <https://doi.org/10.1016/j.jdmm.2015.12.005>

Ağazade, S., & Ergün, A. (2024). Health tourism revenues and real exchange rate relationship in Türkiye. *Journal of Quality Assurance in Hospitality & Tourism*, 25(5), 1402–1419. <https://doi.org/10.1080/1528008X.2022.2158992>

Alhitmi, H. K., Mardiah, A., Al-Sulaiti, K. I., & Abbas, J. (2024). Data security and privacy concerns of AI-driven marketing in the context of economics and business: an exploration into possible solutions. *Cogent Business & Management*, 11(1), 2393743. <https://doi.org/10.1080/23311975.2024.2393743>

Alnakhi, W. K., Segal, J. B., Frick, K. D., Ahmed, S., & Morlock, L. (2019). Motivational factors for choosing treatment destinations among patients treated overseas from the United Arab Emirates: results from the knowledge, attitudes and perceptions survey 2012. *Tropical Diseases, Travel Medicine and Vaccines*, 5(1), 18. doi:10.1186/s40794-019-0093-9

Alp, G., & Yılmaz, Y. (2024). Medical tourism destination image: scale development. *International Journal of Tourism Research*, 26(4), e2723. <https://doi.org/10.1002/jtr.2723>

Anderson, D. M., Hoagland, A., & Zhu, E. (2024). Medical bill shock and imperfect moral hazard. *Journal of Public Economics*, 236, 105152. <https://doi.org/10.1016/j.jpubeco.2024.105152>

Araich, H., Tran, J., Jung, J., Horný, M., & Sadigh, G. (2023). Healthcare price transparency in North America and Europe. *The British Journal of Radiology*, 96(1151), 20230236. doi:10.1259/bjr.20230236.

Arıcı, N. Ç., & Güçer, E. (2018). The antecedents of revisit intention in medical businesses. *Journal of Business Research*, 10(2), 740–757. doi:10.20491/isarder.2018.453

Başol, E. (2015). Strategy in developing countries: Referral chain in the health system. *Balkan Journal of Social Sciences*, 4(8), 128-140.

Bernstein, D. N., & Crowe, J. R. (2024). Price transparency in United States' health care: A narrative policy review of the current state and way forward. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 61,

00469580241255823.

Bernstein, D. N., & Crowe, J. R. (2024). Price transparency in United States' health care: A narrative policy review of the current state and way forward. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 61, 00469580241255823.

Bichler, M., Durmann, J., & Oberlechner, M. (2025). Algorithmic pricing and algorithmic collusion. *Business & Information Systems Engineering*, 1–9.

Büyük, Ö. (2025). Motivation and Psychological Factors in Medical Tourism.

Calvano, E., Calzolari, G., Denicolò, V., & Pastorello, S. (2023). Algorithmic collusion: genuine or spurious?. *International Journal of Industrial Organization*, 90, 102973.

Charfaoui, K., & Mussard, S. (2024). Turizm İçgörülere için Duygusal İçerik Analizi: Bir Makine Öğrenimi Yaklaşımı. *İstatistikler*, 7(4), 1527-1539.

Chenavaz, R. Y., & Dimitrov, S. (2025). Artificial intelligence and dynamic pricing: a systematic literature review. *Journal of Applied Economics*, 28(1), 2466140.

Collins, A., Medhekar, A., Wong, H. Y., & Cobanoglu, C. (2019). Factors influencing outbound medical travel from the USA. *Tourism Review*, 74(3), 463-479.

Çapar, H., & Aslan, Ö. (2020). Factors affecting destination choice in medical tourism. *International Journal of Travel Medicine and Global Health (IJTMGH)*.

Çapar, H., & Aslan, Ö. (2020). Factors affecting destination choice in medical tourism. *International Journal of Travel Medicine and Global Health*.

Drewe-Boss, P., Enders, D., Walker, J., & Ohler, U. (2022). Deep learning for prediction of population health costs. *BMC Medical Informatics and Decision Making*, 22(1), 32.

Eser, M. (2025). Chapter 6 Ethics in Health Tourism. *Health Tourism: Crossing Boundaries in Health*, 83.

Gopukumar, D., Ghoshal, A., & Zhao, H. (2022). Predicting readmission charges billed by hospitals: machine learning approach. *JMIR Medical Informatics*, 10(8), e37578.

Güteryüz, D. (2021). Predicting health spending in Turkey using the GPR, SVR, and DT models. *Acta Infologica*, 5(1), 155–166.

Güllü, E. (2019). Factors and Motivations Determining the Entry of Medical Tourism and the Perceptions of Medical Tourists in Northern Cyprus Gazimağusa (Master's thesis, Eastern Mediterranean University (EMU)).

Gündoğan, H., Coşkun, K., & Çelik, S. (n.d.). Analysing the impact of exchange rate shocks on health tourism with SVAR analysis. *Erciyes University Journal of Economics and Administrative Sciences*, (71), 33–40.

Han, A., Lee, K. H., & Park, J. (2022). The impact of price transparency and competition on hospital costs: a research on all-payer claims databases. *BMC Health Services Research*, 22(1), 1321.

Han, H., & Hyun, S. S. (2015). Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness. *Tourism Management*, 46, 20–29.

Hassan, V., & Bellos, G. (2022). COVID-19: Reshaping medical tourism through artificial intelligence (AI) and robotics. *Athens Journal of Tourism*, 9(2), 77-98.

Hautala, A. J., Shavazipour, B., Afsar, B., Tulppo, M. P. ve Miettinen, K. (2023). Yakın zamanda akut koroner sendrom geçiren hastalarda sağlık hizmetleri maliyetlerini tahmin etmede makine öğrenimi modelleri: prospektif bir pilot çalışma. *Kardiyovasküler Dijital Sağlık Dergisi*, 4(4), 137-142.

Hautala, A. J., Shavazipour, B., Afsar, B., Tulppo, M. P., & Miettinen, K. (2023). Machine learning models in predicting health care costs in patients with a recent acute coronary syndrome: a prospective pilot study. *Cardiovascular Digital Health Journal*, 4(4), 137–142.

Hostetter, M., & Klein, S. (2012). Health care price transparency: Can it promote high-value care? *Qual Matters*.

Huyen, T. N. T., Truco, P. M. V., Le, T. A., Minh, N. P., Phuoc, K. C., & Kim, T. N. L. (2024). How do factors influence the choice of medical tourism destinations in Ho Chi Minh City, Vietnam?. *Geo Journal of Tourism and Geosites*, 56(4), 1744–1751.

Jain, P. K., Pamula, R. ve Srivastava, G. (2021). Çevrimiçi yorumları kullanarak tüketici duygu analizine yönelik makine öğrenimi uygulamaları üzerine sistematik bir literatür incelemesi. *Bilgisayar bilimi incelemesi*, 41, 100413.

Jotikasthira, N. (2010). Salient factors influencing medical tourism destination choice (Doctoral dissertation, Southern Cross University).

Karcioğlu, U. B. (2025). The Impact of Artificial Intelligence on the Patient Journey in Medical Tourism: A Management Framework. *Eurasian Journal of Health Technology Assessment*, 9(1), 58-67.

Karcioğlu, U. B. (2025). The impact of artificial intelligence on the patient journey in medical tourism: A management framework. *Eurasian Journal of Health Technology Assessment*, 9(1), 58–67.

Köksalanlar, A. A. (2020). Determining travel health risk perceptions and prevention behaviors according to the typologies of domestic and foreign tourists (Doctoral dissertation, Balıkesir University (Turkey)).

Lajevardi, M., Ardhiyansyah, A., & Priyana, Y. (2025). The impact of artificial intelligence on medical tourism: A new theoretical framework for enhancing healthcare accessibility and efficiency. *West Science Business and Management*, 3(3), 463–468.

Lalicic, L., & Weismayer, C. (2021). Consumers' reasons and perceived value co-creation of using artificial intelligence-enabled travel service agents. *Journal of Business Research*, 129, 891–901.

Langenberger, B., Schulte, T., & Groene, O. (2023). The application of machine learning to predict high-cost patients: a performance comparison of different models using healthcare claims data. *PLOS ONE*, 18(1), e0279540.

Mani, S., Tiwari, P., Ramchandani, S., Acharya, P. S., & Irudayaraj, V. D. (2025). From clicks to conversions: How AI shapes consumer trust, experience, and online buying behaviour. *Advances in Consumer Research*, 2, 5028–5035.

Miller, B. J., Mandelberg, M. C., Griffith, N. C., & Ehrenfeld, J. M. (2020). Price transparency: empowering patient choice and promoting provider competition. *Journal of Medical Systems*, 44(4), 80.

Moghimehfar, F., & Nasr-Esfahani, M. H. (2011). Decisive factors in medical tourism destination choice: a case study of Isfahan, Iran and fertility treatments. *Tourism Management*, 32(6), 1431–1434.

Moreira, P. (2014). Sağlık ve medikal turizm: sağlık yönetimi ve pazarlama araştırmalarındaki zorluklar. *Uluslararası Sağlık Yönetimi Dergisi*, 7(4), 221-222.

NajafiNasab, M., Agheli, L., Andrade, M. V., Sadeghi, H., & Dizaji, S. F.

(2018). Determinants of medical tourism expansion in Iran: structural equation modeling approach. *Iranian Journal of Economic Studies*.

Nilashi, M., Samad, S., Alghamdi, A., Ismail, M. Y., Alghamdi, O. A., Mehmood, S. S., ... & Alhargan, A. (2022). A new method for analysis of customers' online review in medical tourism using fuzzy logic and text mining approaches. *International Journal of Information Technology & Decision Making*, 21(06), 1797–1820.

Pailwar, V. K., & Mitra, S. K. (2025). International medical tourism: The nonlinear impact of exchange-rate-adjusted relative prices. *Journal of Quality Assurance in Hospitality & Tourism*, 1–26.

Pollack, H. A. (2022). Necessity for and limitations of price transparency in American health care. *AMA Journal of Ethics*, 24(11), 1069–1074.

Puh, K., & Bagiç Babac, M. (2023). Makine öğrenimi kullanarak turist yorumlarının duygusal içeriğini ve puanını tahmin etme. *Otelcilik ve turizm içgörülerini dergisi*, 6(3), 1188-1204.

Rady, A., & Wahab, H. A. (2024). The role of artificial intelligence to enhance health tourism applications in Egyptian tourist destinations. *Minia Journal of Tourism and Hospitality Research MJTHR*, 17(2), 44-62.

Rakshit, P., Zaballa, O., Pérez, A., Gómez-Inhiesto, E., Acaturri-Ayesta, M. T., & Lozano, J. A. (2021). Meme kanseri hastalarının sağlık hizmetleri maliyetini tahmin etmek için bir makine öğrenimi yaklaşımı. *Bilimsel raporlar*, 11(1), 12441.

Rakshit, P., Zaballa, O., Pérez, A., Gómez-Inhiesto, E., Acaturri-Ayesta, M. T., & Lozano, J. A. (2021). A machine learning approach to predict healthcare cost of breast cancer patients. *Scientific Reports*, 11(1), 12441.

Ramachandran, M., Brinton, C., Wiljer, D., Upshur, R., & Gray, C. S. (2023). The impact of eHealth on relationships and trust in primary care: a review of reviews. *BMC Primary Care*, 24(1), 228.

Ribeiro, A., Rivero, A. J. L., & Abrantes, J. L. (2025). The impact of artificial intelligence on consumer behavior towards brands: a systematic review. *Electronic Commerce Research*, 1–42.

Rohden, S. F., & Zeferino, D. G. (2023). Recommendation agents: an analysis of consumers' risk perceptions toward artificial intelligence. *Electronic Commerce Research*, 23(4), 2035–2050.

Sag, I., Zengul, F. D., & Weech-Maldonado, R. (2025). Competition in Medical Tourism and Consumer Spending: Evidence from Turkey's Growing Healthcare Market. *Tourism and Hospitality*, 6(4), 186.

Sancar, T. (2024). The relations between motivational factors and behavioral intentions of medical health tourists. *Afyon Kocatepe University Journal of Social Sciences*, 26(1), 246–259.

Sarwar, A. A., Manaf, N. A., & Omar, A. (2012). Medical tourist's perception in selecting their destination: a global perspective. *Iranian Journal of Public Health*, 41(8), 1.

Saxena, A., Sharma, S., Kumar Johari, P., Pandey, A., & Kumar, S. (2025). A fair and interpretable deep learning approach for healthcare access prediction in underserved communities. *Discover Artificial Intelligence*, 5(1), 1–22.

Sinaiko, A. D., & Rosenthal, M. B. (2011). Increased price transparency in health care—challenges and potential effects. *New England Journal of Medicine*, 364(10), 891–894.

Song, M., Elson, J., Nguyen, T., Obasi, S., Pintar, J., & Bastola, D. (2024). Exploring trust dynamics in health information systems: the impact of patients'

health conditions on information source preferences. *Frontiers in Public Health*, 12, 1478502.

Sultana, S., Haque, A., Momen, A., & Yasmin, F. (2014). Factors affecting the attractiveness of medical tourism destination: an empirical study on India-review article. *Iranian Journal of Public Health*, 43(7), 867.

Tanwar, T., Kumar, U. D. ve Mustafee, N. (2020). Sağlık hizmetlerinde optimal paket fiyatlandırması. *Operasyonel Araştırma Derneği Dergisi*, 71(11), 1860-1872.

Uçak, H. (2016). The relationship between the growth in the health sector and inbound health tourism: the case of Turkey. *SpringerPlus*, 5(1), 1685.

Ünal, C., & Tüzün, S. (2025). The Impact of Digitalization on Communication: A Research on Trust in Physicians and E-Health Literacy. *Türkiye İletişim Araştırmaları Dergisi*, (47), 152–172.

Wang, W., Blackburn, K., & Lantz, R. (2024). Counting the cost of pins and needles: A case study of paresthesias and the cost of healthcare in the United States. *Cureus*, 16(4).

Yin, J., Qiu, X., & Wang, Y. (2025). The impact of AI-personalized recommendations on clicking intentions: Evidence from Chinese e-commerce. *Journal of Theoretical and Applied Electronic Commerce Research*, 20(1), 21.

Yin, X. (2024). Health tourism experience in the digital era: Intelligent technology and user satisfaction. *Frontiers in Business, Economics and Management*, 12(3), 175–177.

Zelenka, J., Azubuiké, T., & Pásková, M. (2021). Trust model for online reviews of tourism services and evaluation of destinations. *Administrative Sciences*, 11(2), 34.

Zolfagharian, M., Rajamma, R. K., Naderi, I., & Torkezadeh, S. (2018). Determinants of medical tourism destination selection process. *Journal of Hospitality Marketing & Management*, 27(7), 775–794.

Zou, S., Chu, C., Shen, N., & Ren, J. (2023). Hibrit makine öğrenimi algoritmalarına dayalı sağlık hizmeti maliyet tahmini. *Matematik*, 11(23), 4778.

#### **Declaration of Research and Publication Ethics**

This study which does not require ethics committee approval and/or legal/specific permission complies with the research and publication ethics.

#### **Researcher's Contribution Rate Statement**

I am a single author of this paper. My contribution is 100%.

#### **Declaration of Researcher's Conflict of Interest**

There is no potential conflicts of interest in this study

# Health Tourism in Türkiye: Strategies, Practices, and Future Perspectives

Fatih SEYRAN<sup>2</sup>

## Abstract

Health tourism has become not only an economic opportunity for countries but also a strategic area in terms of international prestige and service export. Türkiye, has the potential to become a global player in this field due to its advanced health infrastructure, cost-effective services and geographical advantages. However, in order to fully realize this potential, it is necessary to strengthen the promotional activities in the sector, combat illegal and unregulated practices, expand international accreditations and eliminate the lack of qualified human resources. In addition, the quality and reliability of the diagnosis, treatment and post-rehabilitation services offered to health tourists play a decisive role in the choice of destination. In this context, regulations such as complication insurance stand out as important steps to increase trust in the sector. Türkiye's sustainable and competitive position in health tourism will be possible with comprehensive public policies, transparent pricing, coordinated organizational structures and digitally focused promotional strategies. In this study, Türkiye's current situation in health tourism, strategic approaches, structural challenges and future opportunities are examined from a multidimensional perspective. As a result of the current situation analysis, strategic suggestions for the future of health tourism have been developed.

**Keywords:** Health Tourism, Medical Tourism, Health Tourist, Strategy, Sustainability.

**JEL Codes:** L83, I11

Seyran, F. (2025). Health Tourism in Türkiye: Strategies, Practices, and Future Perspectives. *Health Tourism Journal*, 1(2), 34-52.  
10.5281/zenodo.18098473

---

<sup>2</sup> Alanya Alaaddin Keykubat University, Graduate School of Education, Department of Health Tourism & Republic of Türkiye Ministry of Health, General Directorate of Public Health, Ankara, Türkiye, ORCID: 0000-0001-8546-1145

*Received Date: 07.27.2025      Accepted Date: 12. 12.2025*

## **1. Introduction**

Health tourism appears as a multidimensional phenomenon that involves individuals traveling from their home countries to another country to access treatment, rehabilitation, and care services (Carrera & Bridges, 2006). In this context, the cross-border mobility of healthcare services has become one of the fundamental dynamics increasingly enhancing the importance of health tourism in a globalized world. Consequently, the economic and cultural dynamics of countries can also be positively affected. Health tourism, which also provides significant foreign currency income, has become a sector evaluated with innovative approaches in terms of countries' service exports. The act of individuals crossing borders to access high-quality healthcare services has turned health tourism into a globally important industry. Accordingly, the global health tourism sector continues to grow and evolve in parallel with rapidly changing economic, cultural, and technological dynamics. As in other countries that stand out in health tourism, Türkiye is also progressing toward becoming a significant player in this field with its high-quality healthcare services, modern medical infrastructure, and cost advantages. However, to fully realize the potential of health tourism in the country, it is necessary to overcome various structural and operational problems. This study aims to examine Türkiye's strategies, public policies, development plans, and sectoral goals in the field of health tourism from a global competition perspective. Additionally, strategic approaches that may shed light on Türkiye's future success in the health tourism sector are discussed in general terms.

### **General Framework of Health Tourism**

Just as the need for access to health services in emergencies has become fundamental, so too has the expectation for healthy living and longevity. This situation leads individuals to choose the most suitable health institutions even in other countries to combat diseases. Today, people are not limited to the healthcare professionals or service costs of their own countries; instead, they compare alternatives both nationally and internationally to find the most effective treatment methods at the most affordable cost (National Academies of Sciences, 2023; Yorulmaz & Erdem, 2021).

Health tourism is a multifaceted service area involving international travel to meet various health-related needs. This field is generally examined under four main subcategories shaped by different needs and expectations: medical tourism, thermal tourism, spa-wellness tourism, and elderly and disabled care tourism. Each subcategory offers alternative access to health services and aims to enhance individuals' quality of life through both preventive and curative health applications (Ordabayeva & Yessimzhanova, 2016; Şengül & Çora, 2020).

### ***Medical Tourism***

Medical tourism includes professional medical services such as surgical procedures, dental treatments, organ transplants, and cosmetic operations. Patients prefer healthcare institutions abroad to access these services more economically, quickly, or with higher quality (Demirer, 2010). Türkiye holds a significant position in medical tourism thanks to its high-tech infrastructure, qualified healthcare personnel, and globally recognized medical practices. High-standard services are especially offered in fields such as oncology, cardiovascular surgery, orthopedics, neurosurgery, and aesthetic surgery. Türkiye welcomes patients particularly from countries like Azerbaijan, Libya, and Iraq. Russia, Germany, and the United Kingdom are also among the prominent countries sending health tourists to Türkiye (Akbolat & Deniz, 2017).

### ***Thermal Tourism***

Thermal tourism supports the treatment of chronic diseases through therapeutic applications utilizing natural resources, such as hot water baths and mud therapy (Şengül & Bulut, 2019). Türkiye's geothermal resources play a significant role in the development of thermal tourism. Natural healing waters and thermal spa facilities in this area attract both domestic and international tourists. These resources are valued not only for therapeutic purposes but also for relaxation and rejuvenation (Cihangir, 2016). Thermal tourism, by using natural mineral waters, muds, and gases, offers health-focused treatments that aid in conditions such as rheumatic, orthopedic, and skin diseases. It is also considered a part of preventive health services aimed at relaxation, renewal, and enhancing life quality. Generally, thermal tourism is categorized into three types: therapeutic, recreational, and care-oriented for chronic illnesses (Kaçar, 2014).

Türkiye ranks first in Europe and among the top seven countries globally in terms of geothermal resource richness. The advanced infrastructure of thermal and spa facilities in regions like Afyonkarahisar, Denizli, Kütahya, Yalova, and Balıkesir supports the growth of both therapeutic and recreational thermal tourism practices (Cihangir, 2016). Türkiye's potential in this field necessitates integrating thermal tourism with not only health objectives but also economic and regional development strategies.

### ***SPA-Wellness Tourism***

It is preferred mainly for the protection of health and the maintenance of mental well-being, with aims such as stress reduction, gaining vitality, and improving quality of life. This field focuses more on prevention and sustaining a holistic state of well-being rather than treating diseases (Yiğit Tekinçay and Çuhadar, 2019). Complementary applications such as aromatherapy, massage, hydrotherapy, meditation, yoga, nutrition counseling, and detox programs support the balance of body-mind-spirit (Erdoğan and Çalışkan, 2022). In the face of stress factors increasing due to intense work life and digitalization, this type of tourism offers individuals not only temporary relief but also long-term benefits by helping them acquire healthy lifestyle habits. At the same time, it holds strategic importance in terms of supporting local development and increasing the diversity of health tourism (Deveci, 2017).

Türkiye has significant potential in this area with its richness in geothermal resources, traditional bath culture, and modern spa-wellness centers. Spa-wellness centers are becoming widespread in provinces such as Afyonkarahisar, Yalova, Denizli, Balıkesir, and Kütahya;

offering numerous cures, therapies, and healthy living programs for both domestic and foreign tourists (BEBKA, 2012). In this context, it can be said that Türkiye is strongly progressing towards becoming a regional health tourism hub.

### ***Elderly and Disabled Tourism***

Elderly and disabled tourism is a holistic sub-branch of health tourism that facilitates access to health, care, and rehabilitation services for elderly individuals and persons with special needs, while also supporting their participation in social life. This type of tourism includes not only treatment but also support and comfort-oriented services aimed at improving quality of life (Saygılı et al., 2021).

Türkiye is one of the notable countries in this field with specially equipped clinics, geriatric care centers, rehabilitation facilities, and barrier-free hotel concepts for elderly and disabled individuals. With travel and accommodation options based on physical accessibility, this group is offered both health and social integration opportunities. Within this framework, elderly and disabled tourism is not only about meeting individual health needs but also a strategic sector that contributes to countries' social inclusion policies and supports health-based economic development (Erdoğan and Çalışkan, 2022).

These subheadings demonstrate that health tourism is not only a treatment-focused area but also includes a holistic approach aimed at preventive health services, rehabilitation, and enhancing quality of life. Thus, health tourism becomes a strategic sector offering economic and social development opportunities for countries beyond meeting individual needs.

### **Methodology / Approach**

This study was designed as a conceptual and analytical review that examines Türkiye's health tourism strategies, structural challenges, and future opportunities through a multidimensional perspective. Since the subject requires an integrated evaluation involving legislation, organizational structures, economic indicators, accreditation processes, and international media perception, the study adopts a qualitative research approach supported by document analysis.

The data used in the study were obtained through purposeful sampling, focusing on documents that directly influence Türkiye's health tourism policies and international position. The following data groups were included:

- National policy documents: development plans, strategic action plans, tourism strategies, official regulations, and legislative texts.
- Institutional publications: reports and datasets of the Ministry of Health, USHAŞ, TÜSKA, TÜRSAB, and national accreditation bodies.
- International sources: OECD, WHO, IMARC Group, Grand View Research, and global media analyses.

- Academic literature: peer-reviewed articles, theses, and empirical studies published between 2010–2025, with a particular emphasis on 2020–2025 to reflect the most recent sectoral dynamics.
- Media data: international press reports (especially UK-based) and global digital communication studies addressing health tourism disinformation.

These sources were selected based on their relevance, reliability, and contribution to understanding current sectoral dynamics.

The analysis is grounded in a conceptual framework consisting of four interconnected dimensions:

1. Strategic Policy Framework: Türkiye’s health tourism policies, development plans, and national strategies.
2. Sectoral Capacity and Organizational Structure: human resources, accreditation, inspection mechanisms, and institutional readiness.
3. Economic and Global Positioning: international patient mobility, market size, and comparative global indicators.
4. Perception, Promotion, and Risk Factors: digital promotion activities, disinformation trends, illegal operators, and international media representation.

This framework allows the study to explore the sector both horizontally (across different subfields) and vertically (from policy to practice).

The study employs qualitative content analysis, examining national policies, regulatory documents, academic research, and global data comparatively. The analysis process involved:

- Thematic coding: identifying recurring themes such as accreditation, disinformation, human resources, digital promotion, and legislative gaps.
- Comparative evaluation: benchmarking Türkiye’s performance against global competitors (India, Thailand, Malaysia, Mexico).
- Synthesis of findings: integrating policy-level assessments with sectoral observations.
- Critical commentary: evaluating structural problems such as unauthorized operators, service standardization issues, and post-rehabilitation shortcomings.

This approach provides both descriptive and interpretative insights, allowing the study to present evidence-based assessments and strategic recommendations.

### **Development and Economic Volume of Health Tourism in the World**

Globalization has facilitated cross-location access to health services and made health tourism an important part of the international economy. Crises in health systems, high costs, and long waiting times in developed countries have made this sector an attractive alternative (Şengül and Çora, 2020).

In recent years, health tourism has expanded not only for treatment purposes but also to include a wide range of services such as childbirth, anti-aging applications, psychological support, and alternative therapies. While 14 million people worldwide change countries each year to receive health services, this number has started to increase again in the post-COVID-19 period. India, Thailand, Malaysia, Türkiye, and Mexico are among the leading destinations in this field (Alp and Yılmaz, 2024; Shoukat et al., 2025).

According to IMARC Group (2024) data, the global health tourism market size reached 144.5 billion USD as of 2023. This figure is expected to reach 704.8 billion USD by 2033, with a compound annual growth rate (CAGR) of 17.9%. Grand View Research (2024), on the other hand, reports the 2030 projection for health tourism as 101.98 billion USD, with forecasts varying by market segments. The main reasons for this economic growth include insufficient health insurance coverage in the USA and EU countries, increasing interest in private health services, competitive advantages of technologically advanced and low-cost countries, and ease of access through digital health platforms (Heung et al., 2011).

Health tourism contributes significantly both to health systems and the economies of countries. This sector, which is rapidly growing globally, is expanding further through investment, international cooperation, and digitalization. Countries with strategic advantages like Türkiye benefit greatly from this transformation and are able to position themselves among the key actors in health tourism.

### **Türkiye's Strategies for Health Tourism**

Türkiye has significant potential in the field of health tourism due to its natural resources, developed healthcare infrastructure, and geographical advantages. In order to effectively utilize this potential and achieve a competitive position on a global scale, multidimensional strategies aimed at health tourism have been developed. These strategies have been structured within the framework of Türkiye's development plans, tourism policies, and sectoral action plans, targeting both the improvement of service quality and the enhancement of sectoral diversity. The Eleventh Development Plan (2019–2023) can be considered an important milestone in this regard. The plan includes a series of policy and implementation proposals aimed at diversifying health tourism services and raising quality levels (Batuhan, 2020). Key goals highlighted in this document include increasing the share of international patient mobility, widespread adoption of international accreditation standards in healthcare delivery, updating health tourism legislation, and intensifying promotional activities. Additionally, other important strategic elements in the plan are the training of qualified workforce, support for certification processes of health tourism enterprises, and strengthening technological infrastructure in healthcare delivery. Türkiye's sectoral approach to health tourism is not limited to development plans but is also supported by general tourism policies and strategic action plans. The "Türkiye Tourism Strategy 2023" document defines health tourism as one of the alternative types of tourism and presents a vision aimed at increasing revenue in this field (Polat, 2016). The strategy document adopts as its main objectives the enhancement of institutional capacity in health tourism, the establishment of a national health tourism information system, and the branding of target cities

(such as Istanbul, Ankara, Izmir, Antalya, and Bursa) as international health tourism hubs (Bardakoğlu, 2023).

Türkiye's health tourism strategies are based on a planned and sustainable development approach that is compatible with public policies. Within this framework, the developed strategies support sectoral growth while also laying the groundwork for structural transformations aimed at increasing Türkiye's competitive power in the global health tourism market.

### **Development and Economic Contributions of Health Tourism in Türkiye**

The health tourism sector is not limited to the provision of health services alone but also provides a significant economic contribution to countries. Türkiye has earned a substantial amount of foreign exchange income in recent years through its health service exports in this field. In this context, according to 2023 data, revenue from health tourists exceeded 3 billion USD (Kaya, 2025). Additionally, the number of international patients coming to Türkiye to access health tourism services has been increasing every year. The number of health tourists was 729,592 in 2021, 1,381,807 in 2022, and 1,538,643 in 2023 (USHAŞ, 2024).

Türkiye has a rapidly growing potential in health tourism and aims to increase its international competitiveness. The country possesses great potential in this field with its geostrategic location, developed healthcare infrastructure, and thermal resources. Türkiye's health tourism strategies and targets are critically important for ensuring sustainable success in the sector. This sector also contributes to economic growth and, through international patient mobility, transforms Türkiye into a global hub. Türkiye needs to further strengthen its competitiveness in health tourism by increasing its investments in this area.

### ***Current Challenges Affecting Türkiye's Health Tourism Potential***

Despite its great potential in health tourism, Türkiye faces difficulties in fully utilizing this potential. A study revealed that while the average medical tourism efficiency rate of leading countries in this sector is 69.7%, Türkiye's efficiency score remained at 28.97% (Yiğit et al., 2019). Accordingly, it can be stated that Türkiye is unable to effectively harness its health tourism potential, and structural inefficiencies adversely affect sustainable competitiveness.

At the same time, international advertising and promotions are known to be effective for the health tourism sector, which is essentially an export of services. As important as the availability of qualified services ready for presentation is their recognition and demand by potential buyers. Türkiye, noted for its geographical location, advanced healthcare infrastructure, expert health professionals, and cost-effective services, has the potential to be a significant global player in this sector. However, the incomplete realization of this potential is influenced by structural problems such as insufficient international promotion and marketing activities, legislative and bureaucratic obstacles, lack of coordination among healthcare institutions, discrepancies in quality standardization, and data management issues (Yiğit et al., 2019). Furthermore, inadequate strategic planning and sustainability awareness in health tourism may negatively impact Türkiye's efficiency in this sector.

### ***Organizational Management Issues in Employment, Education, and Language Proficiency***

One of the main challenges in Türkiye's health tourism sector is the inability to sustainably employ qualified human resources. Particularly, low foreign language proficiency among healthcare personnel directly interacting with patients negatively affects service quality and patient satisfaction (Demirer, 2010; Eren and Türkay, 2023; Koroğlu and Tengilimoğlu, 2021). Therefore, continuous training programs on language, intercultural communication, and international patient relations for professionals working in health tourism are crucial (Kurtulmuş and Güler, 2021). Although some universities in Türkiye offer associate and postgraduate programs in health tourism, the absence of undergraduate programs remains a notable deficiency (Göktaş, 2018; Özcan et al., 2017). Additionally, the inadequate training of employed personnel according to sectoral needs hinders service standardization and blocks the effective use of health tourism potential. Focusing solely on infrastructure investments while neglecting qualified workforce planning is criticized as a structural barrier to sustainable growth in health tourism (TÜRSAB, 2022). Consequently, all health facilities providing health tourism services should expand education and certification programs based on national qualifications to enhance workforce quality and support international competitiveness. In this regard, it is of great importance that standards and qualifications related to health tourism professions are determined under the authority of the Vocational Qualifications Authority (MYK).

### ***Promotion Activities and Disinformation in Health Tourism***

In 2023, global digital advertising expenditures reached approximately 667.6 billion USD. The United States ranked first with 263.89 billion USD, followed by China with 136.1 billion USD and the United Kingdom with 32.66 billion USD (Oberleo, 2025). In 2024, digital advertising is expected to constitute 59.6% of all global advertising investments, driven by a 7.4% growth rate that exceeded earlier projections (Dentsu, 2024).

Digital marketing has become an essential tool for attracting international patients and ensuring competitive advantage in the health tourism sector. Through social media, search engine optimization (SEO), content marketing, and online patient review platforms, healthcare providers can increase visibility, promote service quality, and strengthen brand awareness (Cristobal-Fransi et al., 2023). When strategically implemented, these tools contribute to building a strong national image in health tourism and positively affect patients' decision-making processes (Ordabayeva & Yessimzhanova, 2016).

However, promotional activities in Türkiye remain insufficient, and limited awareness among foreign nationals continues to be a barrier to choosing Türkiye for treatment. At the same time, the rise of disinformation—especially after the pandemic—has further complicated trust-building efforts. Recent studies highlight misleading content about treatment quality, service costs, and travel safety, which negatively influence patient decisions and damage the reputation of healthcare providers (Johnson, 2024; Chen, 2024; Williams et al., 2022).

Türkiye has been one of the countries most affected by such disinformation. Particularly in the British media, numerous reports emphasize alleged poor-quality aesthetic surgeries and patient grievances. Secret recordings at Turkish health tourism fairs in London and other negative news

stories have shaped a critical discourse focusing on postoperative complications, lack of transparency, and insufficient patient safety (Mirror, 2025a; 2025b; 2025c; 2025d; Surrey Live, 2025; The Sun, 2025).

This disinformation has reached a level where it is even reflected in academic publications abroad. Doughty et al. (2024) identify Türkiye as the most frequently referenced country in British media reporting on dental tourism. While Türkiye is promoted as a destination offering affordable and rapid services, these advantages are often accompanied by narratives emphasizing risks such as medical complications, inadequate follow-up care, and perceived low service quality. British media also frequently highlight cases requiring corrective treatment in the UK, suggesting an additional burden on the NHS.

Although some of these media narratives are based on individual real-world cases, many portray generalized and stigmatizing judgments. A lack of sufficient counter-narratives showcasing the overwhelmingly successful outcomes in Türkiye contributes to the formation of a one-sided, negative public image.

### ***Illegal Operators in the Sector: Unlicensed Health Tourism***

Besides disinformation, the presence of unauthorized and unregulated illegal entities, commonly referred to as “merdiven altı” (basement) operations, is a serious problem in Türkiye’s health tourism. Recently, unlicensed promotional activities on social media and the increase of unlicensed intermediary agencies have led to serious complications threatening patient safety and creating negative perceptions internationally. Reports highlight unlicensed clinics operating with procedures violating medical ethics and patient rights, directing patients to risky operations without informed consent. A dramatic example widely publicized was the 2024 “suicide allegation after beard transplant” in Istanbul. According to NTV, the patient suffered severe complications after the beard transplant and later died; investigations revealed the procedure was performed by a real estate agent, not a physician (NTV, 2024). The clinic was reportedly active in health tourism but operated in violation of legal regulations and professional competency standards. This case shows that unauthorized individuals can perform aesthetic or surgical procedures in Türkiye, raising serious patient safety concerns. Such incidents not only cause individual harm but also open doors to negative international media portrayals against Türkiye.

Factors contributing to the spread of unauthorized practices include insufficient oversight, weak sanctions, easy promotion of unlicensed clinics on digital platforms, and low public awareness (Downing and Perakslis, 2022; Jalali et al., 2025; Wahed, 2015). Such conditions damage Türkiye’s trust-based brand image in health tourism and negatively affect international patient preferences. The attitude of unauthorized actors engaged in off-the-books activities to increase health tourism revenues undermines quality control processes, facilitates the spread of unregistered services, and compromises patient safety. This poses a serious long-term threat to the sector’s overall reputation and revenue potential.

Furthermore, weak existing inspection mechanisms in health tourism cause adverse effects not only on patient safety but also on economic transparency. The prevalence of unregistered clinics

and consultancy services prevents accurate measurement of revenues from health tourism, reducing public budget contributions (Johnston et al., 2010; Turner, 2007). The presence of healthcare providers that do not comply with national quality standards set by the Ministry of Health or internationally recognized accreditation disrupts quality standardization and renders monitoring mechanisms ineffective.

### ***Standards, Accreditations, and Sustainability***

For Türkiye to establish a sustainable and reliable health tourism structure, ensuring the international quality assurance of services in this field is essential. Accreditation of health tourism service providers is not only a quality indicator but also one of the fundamental bases of trust-building in the global patient market. One of the main factors shaping international patients' preferences is whether healthcare providers hold recognized accreditation certificates (Aydın and Karamahmet, 2017).

Accreditations from independent and internationally accepted organizations such as Joint Commission International (JCI), American Accreditation Commission International (AACI), Trust Effective Medicine Optimized Services (TEMOS), German Accreditation Council for Healthcare (DACH), and Global Healthcare Accreditation (GHA) demonstrate that a health facility has reached a certain level in patient safety, service quality, clinical process accuracy, and compliance with ethical standards (Bozkurt and Kılıç, 2025; Çora and Mikail, 2024). Additionally, the Türkiye Health Services Quality and Accreditation Institute (TÜSKA) aims to increase reliability and service quality in health tourism by inspecting compliance with national quality standards for healthcare in Türkiye (Can et al., 2018). As the national accreditation authority, TÜSKA plays a vital role in supporting the international competitiveness of healthcare providers while enhancing patient safety and satisfaction. Through the Health Accreditation Standards (SAS) developed by TÜSKA to define quality and safety standards for healthcare institutions, standardized, higher-quality, and sustainable outcomes are targeted across different service areas such as hospitals, oral and dental health centers, hemodialysis centers, laboratories, and outpatient health services (Kavak, 2018). SAS is prepared in accordance with the principles of the International Society for Quality in Health Care (ISQua) and facilitates compliance with nationally and internationally recognized quality standards in healthcare services. However, only a limited number of healthcare institutions in Türkiye currently hold such international accreditations. Most institutions operate solely with certificates issued at the national level (Cengiz, 2018). This causes regional and institutional disparities in service quality and raises the issue of lack of uniformity in the health tourism sector (Turner, 2007).

Currently, significant quality differences exist among health tourism service providers in Türkiye. While some large private hospitals provide world-class services, smaller-scale or unauthorized clinics may conduct practices that jeopardize patient safety. The continued acceptance of international patients by institutions without health tourism authorization,

exploiting legal loopholes, clearly reveals deficiencies in monitoring mechanisms and challenges in the enforceability of regulations. The inability to conduct equal and effective inspections locally deepens this fragmented quality structure and raises concerns about sector-wide coherence. In this context, the amendment to the Private Hospitals Regulation published on January 30, 2025, introduced new regulations aimed at increasing quality and patient safety in private hospitals (Official Gazette, 2025a). In the health tourism field, the “Regulation on International Health Tourism and Tourist Health,” which came into effect on April 26, 2025, mandates that health facilities must possess internationally valid accreditations and certificates issued by TÜSKA (Official Gazette, 2025b). This requirement includes a comprehensive evaluation process covering patient safety, service quality, and clinical management to ensure that both private hospitals and all facilities with health tourism authorization comply with quality standards. Thus, TÜSKA’s SAS accreditation aims to improve the quality of healthcare services nationally and internationally in Türkiye.

For Türkiye to create a strong brand value in health tourism, the mere possession of accreditation certificates is insufficient. Achieving standardization in service delivery is also a critical necessity. However, in the current structure, significant institutional variations exist in fundamental service steps such as patient information, admission, treatment planning, discharge processes, and follow-up. For example, identical medical procedures like aesthetic surgery or orthopedic intervention can be conducted under completely different protocols in different institutions. This variability not only affects the patient’s treatment process but also complicates the measurement, comparison, and improvement of service quality. As a result, trust can sometimes be undermined among international patients, negatively impacting Türkiye’s preference as a health tourism destination (Crooks et al., 2011). Also, the aforementioned regulation requiring integration of all health tourism facilities into the national health tourism portal “HealthTürkiye,” which took effect on April 26, 2025, ensures that services offered by healthcare providers are collected in a central database for transparency and traceability. This integration will facilitate patient choice processes and enable continuous monitoring of service quality.

### ***Diagnosis, Treatment, and Post-Rehabilitation Processes***

For health tourists, not only the diagnosis and treatment phases but also the quality and reliability of post-treatment services play a decisive role in destination choice. In this regard, the aforementioned regulation has made “complication insurance” mandatory for surgical procedures performed in health tourism practices to ensure patient safety and minimize financial risks of possible complications (Official Gazette, 2025b). This practice aims to prevent patient grievances resulting from medical failures after treatment while enhancing healthcare providers’ sense of responsibility, contributing to the raising of quality standards in the sector. These regulations can be regarded as critical steps taken to increase Türkiye’s competitiveness in health tourism and to improve international patient satisfaction.

However, failure to manage processes with standard procedures in health tourism services poses high risks to patient safety. Particularly, the lack of systematic post-discharge follow-up protocols in many clinics complicates the timely detection and intervention of complications.

Many international patients treated in Türkiye seek re-treatment in their home countries if complications arise, creating a negative image for Türkiye's healthcare system and service providers (Snyder et al., 2011). It should be remembered that health tourism services encompass not only the treatment period but also pre- and post-care monitoring within a holistic service understanding.

Another issue is regional differences in practices. Healthcare institutions operating in different provinces of Türkiye exhibit significant inequalities both in human resource capacity and administrative structure. These inequalities cause regional inconsistencies in the planning, delivery, and supervision of health tourism services, leading patients to experience very different procedures for similar treatments in different provinces (Toprak et al., 2014). In a sector requiring sensitivity such as health tourism, these inconsistencies not only reduce service quality but also erode international trust in the sector (Hodges et al., 2012).

Considering these issues, it is crucial for Türkiye to strengthen quality assurance and accreditation processes not only at the document level but also in practical application to enhance its international competitiveness in health tourism. Achieving implementation uniformity, reinforcing inspection mechanisms, disseminating process management fully compliant with international standards, and establishing a service philosophy centered on patient safety will enable Türkiye to achieve sustainable success in this sector.

### **Ministry of Health Perspective: Global Opportunities in Health Tourism and the 2032 Vision**

When evaluated on a global scale, Türkiye faces certain disadvantages in health tourism. Particularly, East Asian countries have strengthened their infrastructure and developed comprehensive strategies, making significant progress in this field (Bulut & Şengül, 2019). Türkiye's dependence on foreign health technologies and medical consumables, combined with fluctuations in exchange rates, increases health tourism costs and reduces the country's attractiveness. Nevertheless, Türkiye has set important goals in the health tourism sector. According to statements by the Minister of Health Prof. Dr. Kemal Memişoğlu, Türkiye aims to generate annual revenue of 20 billion USD from health tourism within four years (Ministry of Health, 2025). A significant part of this strategy is the "HealthTürkiye" brand, regarded as an important step that will contribute to Türkiye becoming a global player in this area. Currently, Türkiye attracts many foreign patients from Europe, the Middle East, and Asia, which enhances the country's capacity and prestige in providing international health services.

According to the Ministry of Health, in a world where approximately 280 million migrants live and about 14 million people annually change countries to receive health services, the health tourism market is expected to reach 350 billion USD by 2032. This figure includes not only traditional health tourism but also the rapidly growing remote health services sector. Consequently, digital health services are projected to reach a market size of 550 billion USD by 2030. The integration of these two fields is considered a strategic opportunity for Türkiye (Ministry of Health, 2023).

### **Conclusion**

Although Türkiye's health tourism sector holds great potential, certain structural and operational challenges prevent this potential from being fully realized. The lack of alignment in national-level health tourism organization and strategies among stakeholders threatens sectoral unity. On one hand, some private sector entrepreneurs pursue aggressive marketing strategies and sometimes rule-breaking approaches, while on the other, some public hospitals are inadequate in providing health tourism services. These asymmetrical approaches cause health tourism offerings to become fragmented and uneven in terms of efficiency.

There are serious deficiencies in international accreditation among Türkiye's health institutions for providing international health services. The number of institutions accredited according to international standards is quite limited. This not only undermines foreign patients' trust but also negatively affects Türkiye's global competitiveness in health tourism. Moreover, the shortage of foreign language proficient staff and the frequent inability to deliver services in an adequately comprehensible manner lead to communication barriers between health tourists and services they receive compared to those in their own countries. Additionally, some countries' negative perceptions and prejudices towards Türkiye adversely impact health tourism. Such perceptions reduce the preference for Türkiye not only in commercial and diplomatic relations but also in this strategically important sector. Political instability in some neighboring countries results in both market shrinkage and difficulties in bilateral relations for health tourism.

Another significant issue in the sector is pricing and organizational uncertainties. Health tourists are concerned not only about service quality but also about the transparency and fairness of prices. Such uncertainties hinder Türkiye from establishing sustainable competitive power in the health tourism market.

To achieve the determined goals in health tourism, strengthening national-level health tourism organization, ensuring health facilities possess international accreditation certificates, organizing undergraduate educational opportunities in health tourism, conducting postgraduate academic studies, training academicians in this field, and increasing the number of foreign language proficient health tourism employees are of great importance.

Furthermore, for sustainable and coordinated progress in health tourism, it is necessary to strengthen a culture of common sense and cooperation among stakeholders from the public sector, private sector, academia, and civil society organizations. In this context, the establishment of a council to guide national health tourism policies, monitor sectoral developments, and conduct regular strategic evaluations would be beneficial. This council, representing all components of the health tourism ecosystem, should address sectoral problems and opportunities through regular meetings and carry out periodic situation analyses and performance evaluations. Such a structure could eliminate fragmentation in the sector, make policies more consistent, and enhance international competitiveness.

## **Recommendations**

To ensure sustainable, coordinated, and internationally competitive development in Türkiye's health tourism sector, the recommendations presented below have been structured under a systematic and model-based framework. In this context, a National Health Tourism Council

(NHTC) model is proposed as an institutional mechanism to ensure coordination, standardization, and strategic alignment among all stakeholders.

### ***Establishment of a National Health Tourism Council (NHTC)***

A national-level council is essential to address fragmentation in the sector and ensure policy coordination. The proposed NHTC will:

#### ***Structure and Composition***

- Public Sector: Ministry of Health, Ministry of Culture and Tourism, Ministry of Trade, USHAŞ, TÜSKA
- Private Sector: Authorized private hospitals, health tourism agencies, sectoral unions (TÜRSAB, TÜSEB partners)
- Academia: Universities with health tourism, health management, and public policy departments
- Civil Society: Patient associations, accreditation bodies, professional chambers

#### ***Core Functions***

- Develop, update, and monitor national health tourism strategies every three years.
- Coordinate promotion, branding, and international market management.
- Oversee standardization, accreditation, and quality compliance through a unified monitoring structure.
- Prepare annual sector performance reports including data analytics, accreditation performance, pricing transparency indicators, and international patient satisfaction metrics.
- Identify illegal operators, propose sanctions, and coordinate with regulatory units.
- Ensure alignment between education policies and sectoral workforce needs, including language training and certification standards.

#### ***Decision-Making Mechanism***

- Quarterly council meetings
- Annual National Health Tourism Assembly (expanded stakeholder format)
- Working committees: Accreditation & Quality, Promotion & Digital Strategy, Education & Workforce, Service Standardization, Legal Oversight & Ethics
- Decisions adopted by qualified majority and submitted to the Ministry of Health for implementation

#### ***Workforce Development & Standardization***

- Establish undergraduate programs in Health Tourism Management.
- Expand MYK-based competency standards for all health tourism roles.
- Make foreign-language proficiency and intercultural communication training mandatory in authorized facilities.

### ***Strengthening Accreditation Obligations***

- Require all health tourism institutions to obtain accreditation from TÜSKA and/or internationally recognized bodies.
- Introduce a three-tier accreditation model (Basic, Advanced, Excellence) to encourage gradual quality improvement.

### ***Comprehensive Promotion & Disinformation Management Strategy***

- Create a centralized digital promotion office under NHTC.
- Develop real-time disinformation monitoring and evidence-based counter-communication mechanisms.
- Produce annual country brand perception reports to assess reputation risks in target markets.

### ***Combating Illegal Practices***

- Implement a national digital verification system to authenticate licensed clinics and agencies.
- Establish a unified complaint and whistleblower portal linked to HealthTürkiye.
- Increase sanctions for unauthorized operators and strengthen digital platform oversight.

### ***Patient Pathway Standardization***

- Develop national patient pathways covering pre-arrival, admission, diagnosis, treatment, discharge, and post-rehabilitation.
- Mandate clear follow-up protocols and integration with the HealthTürkiye portal.
- Make “complication insurance” monitoring mandatory with transparent reporting.

### ***Data Integration and Monitoring***

- Create a National Health Tourism Data Center under the Council.
- Integrate all facilities into a unified database with dashboards on:
  1. Patient volume
  2. Treatment outcomes
  3. Complication rates
  4. Accreditation status
  5. Pricing transparency indexes

## References

- Akbolat, M., & Deniz, N. G. (2017). The development of medical tourism in Turkey and its comparison with some countries. *International Journal of Global Tourism Research*, 1(2), 123–139.
- Alp, G., & Yılmaz, Y. (2024). Medical tourism destination image: Scale development. *International Journal of Tourism Research*, 26(4), e2723.
- Aydın, G., & Karamehmet, B. (2017). Factors affecting health tourism and international health-care facility choice. *International Journal of Pharmaceutical and Healthcare Marketing*, 11(1), 16-36.
- Bardakoğlu, Ö. (2023). Evaluation of İzmir's health tourism potential within regional development theories. *Journal of Travel and Tourism Research*, 23(23), 145-165.
- Batuhan, T. (2020). Tourism policies in the eleventh development plan. *International Journal of Global Tourism Research*, 4(2), 77-84.
- BEBKA. (2012). Thermal tourism in Bursa, Eskişehir, and Bilecik: Sector research. Bursa Eskişehir Bilecik Development Agency. [https://www.bebka.org.tr/admin/datas/sayfas/202/termal-turizm\\_1569219458.pdf](https://www.bebka.org.tr/admin/datas/sayfas/202/termal-turizm_1569219458.pdf)
- Bozkurt, Z., & Kılıç, Ü. (2025). The importance of accreditation in health tourism. *Samsun Medical Journal*, 3(1), 27-31.
- Bulduklu, Y., Karaçor, Z., & Karaçor, S. (2018). Health Tourism in Times of Crisis. In *International Conference on Eurasian Economies 2018* (pp. 355-361).
- Bulut, A., & Şengül, H. (2019). Health tourism in the world and in Turkey. *Journal of Management, Economics and Marketing Research*, 3(1), 45–62.
- Can, C., Beylik, U., & Kayral, H. İ. (2018). TÜSKA Auditor Training Program. *Journal of Quality and Accreditation in Health*, 1(1), 32-35.
- Carrera, P. M., & Bridges, J. F. P. (2006). Globalization and healthcare: Understanding health and medical tourism. *Expert Review of Pharmacoeconomics and Outcomes Research*, 6(4), 447-454.
- Cengiz, C. (2018). Accreditation programs in health services and TÜSKA. *Journal of Quality and Accreditation in Health*, 1(1), 21–26.
- Chen, Z. (2024). The disinformation link: A discussion of how global citizenship education contributes to global political stability. *Lecture Notes in Education Psychology and Public Media*, 76, 87-92.
- Cihangir, İ. S. (2016). The economic role of thermal tourism potential in regional development: An application in Ilgın thermal facilities (Yüksek Lisans Tezi). Selçuk Üniversitesi, Konya.
- Cristobal-Fransi, E., Daries, N., del Río-Rama, M. de la C., & Fuentes-Tierno, M. G. (2023). The challenge of digital marketing in health tourism: The case of Spanish health resorts. *Quality and Quantity*, 1-29.
- Crooks, V. A., Turner, L., Snyder, J., Johnston, R., & Kingsbury, P. (2011). Promoting medical tourism to India: Messages, images, and the marketing of international patient travel. *Social Science and Medicine*, 72(5), 726–732.
- Çora, H., & Mikail, E. H. (2024). Comparison of International Healthcare Accreditation: Temos, JCI, AACI, and Accreditation Canada. *Economics*, 11(4), 223-242.
- Demirer, E. Ö. (2010). Medical tourism and its development in Turkey: A case study (Yüksek Lisans Tezi). Anadolu Üniversitesi, Eskişehir.
- Dentsu. (2024, May). Global Ad Spend Forecasts May 2024. <https://www.dentsu.com/news-releases/ad-spend-growth-tracks-ahead-of-the->

- economy.
- Deveci, B. (2017). Job stress and an evaluation of the studies made in the tourism enterprises. *Mehmet Akif Ersoy University Journal of Social Sciences Institute*, 9(20), 39-53.
- Doughty, J., Moore, D., Ellis, M., Jago, J., Ananth, P., Montasem, A., & Johnson, I. (2025). Contemporary dental tourism: a review of reporting in the UK news media. *British Dental Journal*, 238(4), 230-237.
- Downing, M., & Perakslis, E. (2022). Digital health advertising: Privacy and policy implications. *Journal of Health Informatics*, 10(1), 22-34.
- Erdoğan, Y., & Çalışkan, G. (2022). Disability tourism policies of Turkey and evaluation of the current situation. *Journal of Management, Economics and Marketing Research*, 6(6), 318-333.
- Göktaş, B. (2018). Examination of health tourism education. *Ankara Journal of Health Sciences*, 7(2), 77-84.
- Heung, V. C., Kucukusta, D., & Song, H. (2011). Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, 32(5), 995-1005.
- Hodges, J. R., Turner, L., & Kimball, A. M. (2012). *Risks and challenges in medical tourism*. Bloomsbury Publishing.
- Jalali, F., Smith, L., & Chen, R. (2025). Barriers to safe health tourism: Patient awareness and safety concerns. *Global Health Research and Policy*, 10(1), 15-27.
- Johnson, A.-G. (2024). Fake news simulated performance: Gazing and performing to reinforce negative destination stereotypes. *Tourism Geographies*, 26(1), 82-96.
- Johnston, R., Crooks, V. A., Snyder, J., & Kingsbury, P. (2010). What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health*, 9, 1-13.
- Kaçar, M. (2014). Recreation demand of customers in thermal tourism businesses: The case of Balıkesir province (Yüksek Lisans Tezi). Balıkesir Üniversitesi, Balıkesir.
- Kavak, D. G. (2018). Health tourism accreditation standards of Turkey Health Services Quality and Accreditation Institute. *Journal of Quality and Accreditation in Health*, 1(1), 14-20.
- Kaya, Y. (2025). Evaluation of health tourism potential in Turkey. *Annals of Gastronomy and Tourism Studies*, 2(1), 15-25.
- Köroğlu, G., & Tengilimoğlu, D. (2021). Evaluation of medical tourism index factors according to health workers. *International Journal of Health Management and Strategies Research*, 7(2), 261-275.
- Kurtulmuş, M., & Güler, A. (2021). Training needs and language proficiency of employees within health tourism: A literature review. *Journal of Health and Tourism*, 3(1), 1-15.
- Ministry of Health. (2023). 350 Billion Dollar Health Tourism Expectation in 2032. <https://erisilebilir.saglik.gov.tr/TR-101214/2032de-350-milyar-dolar-saglik-turizmi-beklentisi-var.html>
- Ministry of Health. (2025). Minister of Health Prof. Dr. Kemal Memişoğlu attended the Balkan Countries Health Business Forum. <https://saglik.gov.tr/TR-108470/saglik-bakani-prof-dr-kemal-memisoglu-balkan-ulkeleri-saglik-is-forumuna-katildi.html>
- Mirror. (2025a). Undercover at UK's crazy Turkey surgery expo – from butt lifts to genital aesthetics. *Mirror*. <https://www.mirror.co.uk/news/uk-news/undercover-uks-crazy-turkey-surgery-34728585>
- Mirror. (2025b). Turkey cosmetic surgery clinics accused of botched ops on Brits plug deals at UK event: Undercover at UK's crazy Turkey surgery expo – from butt lifts to genital aesthetics. <https://www.mirror.co.uk/news/uk-news/undercover->

- uks-crazy-turkey-surgery-34728585
- Mirror. (2025c). I went undercover at UK's Turkey cosmetic surgery expo and what I found shocked me. Mirror. <https://www.mirror.co.uk/news/uk-news/i-went-undercover-uks-turkey-34729933>
- Mirror. (2025d). BBLs, tummy tucks and 'Barbie vaginas' – Everything The Mirror found on offer at Turkey surgery fair. Mirror. <https://www.mirror.co.uk/news/uk-news/bbbs-tummy-tucks-barbie-vaginas-34727980>
- National Academies of Sciences, Engineering, and Medicine. (2023). Federal policy to advance racial, ethnic, and tribal health equity. The National Academies Press.
- NTV. (2024). Suicide claim after beard transplant: The doctor who performed the operation is not the realtor. <https://www.ntv.com.tr/turkiye/sakal-ekimi-sonrasi-intihar-iddiasi-operasyonu-yapan-doktor-degil-emlakci,wz9i5BMM30idd1tLY7il5A>
- Oberlo. (2025). Digital ad spend (2017–2028). [https://www.oberlo.com/statistics/digital-ad-spend?utm\\_source=chatgpt.com](https://www.oberlo.com/statistics/digital-ad-spend?utm_source=chatgpt.com)
- Ordabayeva, M., & Yessimzhanova, S. (2016). Development of healthcare and wellness tourism marketing. *International Review of Management and Marketing*, 6(5), 118-124.
- Özcan, Z. K., Aydın, V., & Özcan, S. (2017). The need for vocational schools: Health tourism example. *Eurasian Journal of Social and Economic Research*, 4(12), 330–343.
- Polat, S. (2016). Examination of Turkey's tourism policies in the five-year development plans and within Turkey tourism strategy 2023 (Yüksek Lisans Tezi). Ankara Üniversitesi, Ankara.
- Resmî Gazete. (2025a, 30 Ocak). [Official Gazette no. 2025/32798]. <https://resmigazete.gov.tr/eskiler/2025/01/20250130-9.htm>
- Resmî Gazete. (2025b, 13 Temmuz). [Official Gazette no. 2017/03]. <https://www.resmigazete.gov.tr/eskiler/2017/07/20170713-3.htm>
- Saygılı, T., Oymak Yalçın, S., & Özsarı, H. (2021). Advanced age and disabled health tourism concept, problems and solution suggestions. *International Journal of Health Management and Tourism*, 6(2), 492-514.
- Shoukat, M. H., Elgammal, I., Aziz, S., Olya, H., & Selem, K. M. (2025). Medical tourism index and travel willingness via travel anxiety: PLS-NCA approach. *Tourism Recreation Research*, 50(2), 369-384.
- Snyder, J., Crooks, V. A., Adams, K., Kingsbury, P., & Johnston, R. (2011). The 'patient's physician one-step removed': the evolving roles of medical tourism facilitators. *Journal of Medical Ethics*, 37(9), 530-534.
- Surrey Live. (2025). 'Family warned me against Turkey surgery after I lost 16 stone'. GetSurrey. <https://www.getsurrey.co.uk/news/health/family-warned-against-turkey-surgery-31139124>
- Şengül, C., & Çora, H. (2020). Healthcare tourism in second decade of 21st century - A review of Turkey as the new global center for international patients. *Journal of Health Systems and Policies*, 2(1), 56-86.
- Şengül, H., & Bulut, A. (2019). Thermal tourism in Turkey within the framework of health tourism; A SWOT analysis study. *ESTÜDAM Journal of Public Health*, 4(1), 55-70.
- The Sun. (2025). Surgery from hell: I was left rotting and wanting to die in a dingy hotel after £15k botched tummy tuck – now I'm taking Turkish doc to court. The Sun. <https://www.thesun.co.uk/health/33651430/woman-sues-turkey-doc-botched-tummy-tuck/>

- Toprak, L., Elsaied, H. H., & Mahmood, S. A. (2014). The rising trend of tourism: Health tourism and the case of Southeastern Anatolia Region. *Electronic Journal of Social Sciences*, 13(50), 1–15. <https://doi.org/10.17755/esosder.74863>
- Turner, L. (2007). Medical tourism: Family medicine and international health-related travel. *Canadian Family Physician*, 53(10), 1639-1641.
- TÜRSAB. (2022). Health tourism report: Strategies to increase Turkey’s competitiveness. Turkish Travel Agencies Association Publication.
- USHAŞ. (2024). Health Tourism Data. <https://www.ushas.com.tr/saglik-turizmi-verileri/>
- Wahed, M. (2015). Ethical and legal issues in medical tourism. *Journal of Medical Ethics*, 41(6), 473–479.
- Williams, N. L., Wassler, P., & Ferdinand, N. (2022). Tourism and the COVID-(mis)infodemic. *Journal of Travel Research*, 61(1), 214-218.
- Yiğit, A., Yiğit, V., & Eroymak, S. (2019). Measuring the medical tourism efficiency of countries using data envelopment analysis. *OPUS International Journal of Society Researches*, 12, 917-936.
- Yiğit, S., Sezgin, E., & Yiğit, M. (2019). Efficiency analysis in health tourism: A study on leading countries in medical tourism. *Mehmet Akif Ersoy University Journal of Social Sciences Institute*, 11(27), 651–664.
- Yiğit Tekinçay, M. S., & Çuhadar, M. (2019). Use of SERVOTHERM scale in measuring perceived service quality: An application for spa and wellness centers. *Süleyman Demirel University Journal of Economics and Administrative Sciences Faculty*, 24(2), 187-198.
- Yorulmaz, R., & Erdem, R. (2021). A conceptual framework on healthy living. *International Journal of Health Management and Strategies Research*, 7(1), 57–74.

**Declaration of Research and Publication Ethics**

This article is single-authored. 100% of the contribution belongs to this single author.

**Researcher’s Contribution Rate Statement**

The authors declare that they have contributed equally to the article.

**Declaration of Researcher’s Conflict of Interest**

There is no potential conflicts of interest in this study.

# COGNITIVE HEALTH IN GEROTOURISM: A REVIEW OF ALZHEIMER/DEMENTIA PREVENTION AND GERIATRIC CHECK-UP TOURISM

Neslihan KARATAĞ

**Keywords:** Gerotourism; Cognitive Health; Alzheimer's Disease Prevention; Dementia Risk Reduction; Geriatric Check-up Tourism; Preventive Health Tourism.

**JEL Codes:** L83, I11, J14, I12, O33

Karatağ, N. (2025). Cognitive Health in Gerotourism: A Review of Alzheimer/Dementia Prevention and Geriatric Check-Up Tourism. *Health Tourism Journal*, 1(2), 53-80. 10.5281/zenodo.18099056

## Abstract

The rapid global increase in the 65+ population has positioned gerotourism as a strategically important field at the intersection of health and tourism. Within this context, cognitive health has emerged as a critical component shaping the travel motivations, risk perceptions, and service expectations of older adults. This review synthesizes current evidence on Alzheimer's and dementia risk-reduction practices and examines how these scientifically grounded interventions are being incorporated into geriatric check-up tourism. Findings indicate that multidimensional lifestyle interventions—including Mediterranean diet adherence, physical activity, cognitive rehabilitation, social engagement, stress management, and mindfulness—provide measurable benefits in delaying cognitive decline and reducing modifiable dementia risk factors. Simultaneously, advancements in diagnostic technologies such as PET/MR imaging, liquid biopsy, and AI-driven cognitive assessment tools have expanded the scope and attractiveness of geriatric check-up packages offered by tourism destinations.

The analysis highlights that cognitive health programs enhance tourist satisfaction, perceived health benefits, and destination trust, thereby strengthening loyalty among senior travelers. Furthermore, geriatric check-up tourism offers destinations significant economic advantages while encouraging preventive health behaviors among older adults.

Overall, the review underscores the rising significance of cognitive health in gerotourism and argues that destinations should prioritize brain-health-oriented service models, enhance age-friendly infrastructure, and promote integrated neurological screening and wellness programs. Future research should further explore cross-national comparisons, technological innovations, and qualitative insights into senior tourist behavior to advance both theoretical and practical knowledge in this emerging field.

---

<sup>3</sup> Gerontologist Neslihan KARATAĞ, Alanya Alaaddin Keykubat University, Master's Program in Health Tourism, Antalya, Türkiye, [nslhnkrtg@hotmail.com](mailto:nslhnkrtg@hotmail.com), <https://orcid.org/0009-0001-6496-4023>

*Received Date: 12.04.2025*

*Accepted Date: 12.24.2025*

## 1. Introduction

Global population growth is changing the demand for healthcare services and the travel habits of older people. According to the World Population Prospects Report, the population aged 65 and over will rise from 727 million in 2020 to over 1.5 billion by 2050 (Desa, 2022). The rapid change in the elderly population has increased interest in services focused on health, well-being, and quality of life. Therefore, senior tourism has gained importance as a sub-area of health tourism.

Gerotourism is not just a tourist activity, but also a holistic environment that includes health, care, well-being, and social participation. The spread of Alzheimer's and other types of dementia is one of the most significant effects of the global aging trend. Approximately 55 million people worldwide live with dementia. This number is projected to rise to 78 million by 2030 and 139 million by 2050 (World Health Organization, 2021). Alzheimer's disease accounts for 60 to 70 percent of dementia cases, and the risk increases with age (Lane et al., 2018).

By 2030, the financial burden of dementia on healthcare systems is projected to reach \$2.8 trillion (Wimo et al., 2017: 5). These data indicate that cognitive health has become an important issue in medical tourism and healthcare policies. The motivations of elderly tourists for health-related travel, prevention, and treatment are increasingly important. The motivations for health-related travel among older tourists include factors such as access to preventive healthcare services, improving quality of life, accessing specialized healthcare personnel, managing chronic diseases, rehabilitation, and participating in programs that support cognitive health (Fleischer and Pizam, 2015; Chen, 2017).

The travel choices of older individuals depend on lifestyle interventions, including lifestyle changes to reduce the risk of Alzheimer's and dementia, cognitive exercises, nutrition programs, and comprehensive geriatric screenings. Current literature shows that older tourists are drawn to both therapeutic and “health enhancement” and “health preservation” experiences (Gupta et al., 2020).

Gerotourism is emerging as an important field in response to the health needs of the world's rapidly aging population. The importance of gerotourism is increasing due to older visitors turning to preventive health programs, the rising number of Alzheimer's and dementia patients, and the inclusion of comprehensive geriatric services in the tourism industry. This review comprehensively examines these trends to assess the role of cognitive health programs in the field of gerotourism.

This review is expected to generate a clearer conceptual and analytical foundation for the emerging intersection of gerotourism, cognitive health, and preventive medical travel. Although gerotourism and health tourism have been widely discussed, the literature remains fragmented regarding how Alzheimer's/dementia risk-reduction science is translated into tourism-based service models. By synthesizing evidence across lifestyle interventions (diet, exercise, cognitive training, social engagement, stress management/mindfulness) and advanced screening technologies (PET/MR, biomarkers/liquid biopsy, digital and AI-supported cognitive assessment), the study is expected to:

1. Introduce an integrated framework that positions cognitive health as both a clinical and experiential determinant of gerotourism demand (i.e., shaping travel motivation, perceived risk, trust, and loyalty).
2. Clarify mechanism-based linkages between modifiable dementia risk factors and tourism-delivered interventions, supporting a more structured understanding of “brain-health-oriented tourism” beyond general wellness claims.
3. Map research gaps systematically, particularly in three underdeveloped areas:
  - The real-world effectiveness and sustainability of digital cognitive therapies (apps, VR/AR, tablet-based training) in tourism settings,
  - Cross-cultural variability in cognitive health tourism demand, risk perception, and service expectations,
  - The validity, acceptability, and ethical governance of AI-based cognitive assessment systems used outside traditional clinical environments.
4. Propose a research agenda for future empirical studies (comparative, longitudinal, and mixed-method designs) to test outcomes such as cognitive benefit, behavior change persistence, patient-tourist satisfaction, and destination competitiveness.

Overall, the review is expected to reduce conceptual ambiguity in the field by specifying what cognitive health tourism is, which interventions are evidence-aligned, and how these can be operationalized in geriatric check-up tourism models—thereby addressing the literature gap between neuroscience/preventive medicine evidence and tourism product development.

From a practical standpoint, the study is expected to provide actionable insights for destinations, healthcare providers, tourism operators, and policymakers seeking to develop credible and age-friendly cognitive health services. Specifically, the findings are expected to:

1. Support evidence-informed package design for geriatric check-up tourism by identifying

which program components are most aligned with dementia risk-reduction science (e.g., Mediterranean-style nutrition counseling, structured physical activity plans, cognitive training, supervised mindfulness/stress programs, and social engagement modules).

2. Guide service integration models that combine clinical screening (neurological tests and advanced diagnostics) with wellness delivery in a way that increases perceived benefit and reduces risk perceptions among older travelers.

3. Strengthen destination trust and loyalty by highlighting how transparency, accreditation, ethical safeguards, and post-check-up follow-up pathways can improve senior travelers' confidence—an issue under-addressed in current tourism practice.

4. Provide recommendations for age-friendly infrastructure and staffing, including accessibility standards, dementia-sensitive communication, emergency readiness, and multidisciplinary teams (geriatrics–neurology–nutrition–physiotherapy–psychology).

5. Address ethical and governance needs by outlining practical safeguards for informed consent, privacy, data security, and the responsible use of AI-based screening tools—responding to the gap in applied guidance for cognitive health data use in tourism contexts.

6. Contribute to economic and policy planning by framing cognitive-health-oriented gerotourism as a year-round, high-value segment that may reduce seasonality and expand the preventive health economy, while encouraging health-protective behaviors among older adults.

In sum, the study is expected to deliver both (i) a theoretical consolidation of a fragmented literature and (ii) a practice-oriented roadmap for designing, marketing, and governing cognitive-health-driven gerotourism offerings. By directly linking current scientific evidence to tourism service models, it aims to fill a critical gap: the lack of integrated, interdisciplinary guidance on how dementia risk reduction and geriatric screening innovations can be credibly embedded into tourism destinations and products.

## **2. Literature Review**

### **2.1. The Concept of Gerotourism (Senior Tourism)**

In the literature, a tourism segment referred to as “gerotourism” emerged from the convergence of the rapidly growing fields of tourism and demography, particularly in the second half of the 20th century. This idea developed in tourism literature due to the increasing population's demands for health, well-being, and care. Gerotourism encompasses the

experience of traveling for the purposes of health, relaxation, rehabilitation, and improving quality of life. Thermal tourism, wellness programs, rehabilitation centers, and geriatric-focused health services have become an important part of travel motivations for older adults (Fleischer and Pizam, 2015). The literature indicates that older tourists shape their travel based on motivations such as “enhancing functional capacity” and “health preservation” (Gupta, Dash and Mishra, 2020). Older people show greater interest in medical and wellness-focused travel, particularly due to age-related health issues such as chronic diseases, mobility problems, and cognitive decline. In a study examining the travel motivations of older visitors, Chen (2017) found that healthy activities were prioritized over traditional tourist activities. These results show that gerotourism is not just a type of vacation, but also a tourism model that promotes the overall well-being of older adults.

Demographic change plays an important role in gerotourism becoming a growing market worldwide. According to the United Nations' 2022 World Population Prospects report, by 2050, approximately 16% of the world's population will be aged 65 and over, reaching 1.5 billion people aged 65 and over (UN, 2022). This demographic growth encourages the diversification and professionalization of services for older customers in tourism.

The World Tourism Organization (UNWTO, 2020) reports that older tourists travel more frequently, stay longer, and spend more per person. Older visitors also spend more on health services (Eurostat, 2021). For this reason, both developed and developing countries view gerotourism as a strategic economic opportunity.

The growth of gerotourism in the literature is seen not only as an economic phenomenon, but also as linked to issues such as social policy, elderly health, and quality of life. Nordin and Svensson (2021) found that destinations for older tourists enhance older people's ability to travel through accessibility, safety, medical support, and opportunities for social participation. The tourism sector has begun to establish new standards due to older tourists' mobility limitations, health issues, dietary, and care needs.

Consequently, the literature shows that gerotourism is becoming an increasingly important issue for both tourism and the healthcare system. Improving the quality of life and economic value of older individuals is consistent with the focus of travel on health and well-being. Therefore, gerotourism is widely recognized in the literature not only as the travel habits of older people but also as a tourism model emerging as a result of global aging.

## **2.2. Profile of Elderly Tourists and Travel Motivations**

One of the main focuses of gerotourism literature is the demographics and travel motivations

of elderly visitors. Compared to younger and middle-aged groups, elderly tourists travel with a greater focus on health and risk awareness. Factors such as health screenings, chronic disease management, physical and cognitive well-being, and a preference for destinations offering safe and high-quality care shape their travel motivations (Chen, 2017; Fleischer and Pizam, 2015). In this case, the motivations of older tourists are not limited to “vacation” and ‘recreation’; they also focus on goals such as “health protection,” “health promotion,” and “maintaining functional capacity” (Gupta, Dash and Mishra, 2020).

The literature indicates that older tourists prefer to undergo health screenings during their travels. Screening for heart disease, cancer, metabolic syndrome, and neurological diseases is particularly in demand (Connell, 2013; Heung, Kucukusta and Song, 2011). Some destinations offer packaged “geriatric check-up tourism” for older visitors. They provide services such as imaging, laboratory tests, functional assessment, and counseling (Lunt, Horsfall and Hanefeld, 2016).

Older visitors, especially those from countries with long waiting times or limited access to advanced diagnostic technologies, are more motivated to travel for health screenings. This increases the appeal of destinations for senior tourism that combine technological infrastructure, affordable prices, and a variety of geriatric services (Johnston et al., 2010). However, another key motivation for elderly tourists traveling for health purposes is chronic disease management. The health behaviors of elderly tourists are affected by chronic diseases such as hypertension, diabetes, chronic obstructive pulmonary disease, osteoarthritis, and cardiac diseases (WHO, 2015). Tourism literature emphasizes that older people with chronic diseases show greater interest in destinations offering rehabilitation, thermal treatments, physiotherapy, diet, and exercise packages (Hall, 2011; Smith and hall, 2014).

Older visitors may find attractive options, particularly in thermal regions, due to the combination of rheumatological and musculoskeletal treatments offered with spa and wellness centers. Gupta et al. (2020) found a correlation between older tourists' desire to control the course of chronic diseases and their interest in lifestyle interventions (such as nutrition, physical activity, and stress management). Therefore, older customers are increasingly demanding tourism packages that include programs such as memory enhancement, group activities, nature walks, light sports, yoga, and cognitive exercises (Patterson and Balderas, 2018). Fleischer and Pizam (2015) note that older tourists are more knowledgeable about health risks, safety, hygiene, medical infrastructure, and emergency response capabilities.

Nordin and Svensson (2021), when defining an “age-friendly destination,” found that factors

such as accessibility, infrastructure, proximity to healthcare facilities, professional care services, and staff quality have a significant impact on the quality of service perceived by elderly visitors. Furthermore, certification, accreditation, and international quality standards in health tourism enhance the perception of reliability, particularly for elderly visitors (Heung et al., 2011; Lunt et al., 2016). In this case, elderly visitors consider not only price or attractiveness when choosing a destination, but also factors related to safety, such as legal transparency, post-service follow-up opportunities, insurance coverage, and protection against medical errors (Connell, 2013).

In general, the profiles of elderly tourists focus on health, risk, and quality of life. Programs aimed at improving cognitive and physical well-being are combined with medical motivations such as health screening and chronic disease management. A safe environment, high-quality care, and a reliable destination image are key factors that reinforce these motivations. In this context, gerotourism provides an important analytical framework for understanding the various aspects of older tourists' motivations and offers important insights into how health tourism policies should be designed for the older population.

### **3. Alzheimer's/Dementia Risk Reduction Programs**

#### **3.1 Scientific Interventions to Reduce Dementia Risk**

Dementia, and Alzheimer's disease in particular, is one of the most common public health problems among the aging population worldwide. The World Health Organization (WHO, 2021) estimates that dementia affects more than 55 million people worldwide and that this number will reach 139 million by 2050. Numerous clinical and epidemiological studies have shown that lifestyle interventions to reduce risks are beneficial, even though there is no definitive cure for dementia (Livingston et al., 2020). The literature emphasizes that interventions such as the Mediterranean diet, aerobic exercise, cognitive rehabilitation, social interaction, and stress management both reduce the risk of dementia and slow cognitive decline.

##### **3.1.1. Mediterranean-Style Nutrition**

The Mediterranean diet is one of the best lifestyle changes for reducing dementia risk. Adherence to the Mediterranean diet reduces the risk of Alzheimer's disease by 30 to 40 percent (Lourida et al., 2013; Singh et al., 2014). The literature also contains neuroimaging findings showing that this diet preserves hippocampal volume, supports synaptic plasticity, and slows brain aging (Gu et al., 2015).

Additionally, multi-component intervention studies such as the FINGER study have shown that the Mediterranean diet has a positive effect on cognitive capacity (Ngandu et al., 2015).

### **3.1.2. Aerobic Exercise and Physical Activity**

Meta-analyses show that regular exercise reduces the risk of Alzheimer's disease by 30% (Blondell et al., 2014). Moderate aerobic exercise (such as walking, swimming, and light jogging) is known to improve cognitive function and provide significant benefits, particularly in the areas of executive function and memory (Smith et al., 2010). According to randomized controlled trials, 150 minutes of aerobic exercise per week significantly reduces cognitive decline (Kramer and Erickson, 2013). Consequently, dementia prevention guidelines worldwide recommend physical activity as a fundamental lifestyle change.

### **3.1.3. Cognitive Rehabilitation and Brain Training**

Cognitive rehabilitation involves structured interventions to improve cognitive domains such as attention, executive functions, memory, and problem solving. Methods such as memory techniques, problem-solving activities, and computer-based brain training strengthen neural connections and increase cognitive reserve (Sitzer, Twamley and Jeste, 2006). Additionally, ten-year follow-up studies found that regular mental activity reduced the risk of Alzheimer's disease by 40% (Valenzuela and Sachdev, 2009). Social tourism programs make cognitive training more effective and provide long-term benefits.

### **3.1.4. Social Interaction and Social Tourism**

Social interaction is crucial in reducing the risk of dementia. Various studies have shown that social isolation accelerates cognitive decline, while regular social participation protects mental health and neurological functions (Fratiglioni et al., 2000). It is noted that social stimulation increases cognitive reserve, reduces the risk of depression, and has positive effects on the prefrontal cortex and limbic system (Kuiper et al., 2015).

In tourism, programs that increase social interaction, such as group tours, senior-friendly activities, and cultural events, are important tools that support cognitive health. Social tourism's ability to increase psychosocial well-being and reduce loneliness contributes positively to cognitive performance (Smith and Diekmann, 2017). Consequently, social interaction is crucial in dementia-fighting interventions.

### **3.1.5. Stress Management and Mindfulness Practices**

Mindfulness is a holistic approach comprising awareness, attention focusing, breathing exercises, meditation, and other holistic practices. Mindfulness can positively influence both mental health and neurobiological processes. There are randomized controlled studies showing that mindfulness practices reduce stress hormones (cortisol), improve emotional

regulation, and promote structural improvement in the prefrontal regions of the brain (Hölzel et al., 2011). Additionally, meditation regulates default mode network (DMN) functions and improves cognitive. Additionally, it was discovered that meditation regulates default mode network (DMN) functions and reduces neural fluctuations associated with early signs of cognitive aging (Goyal et al., 2014). Older visitors prefer nature-based stress-reducing activities, spa services, yoga retreat camps, and mindfulness-based wellness programs (Smith and Diekmann, 2017). These practices positively affect the dementia risk profile by increasing both physical stress levels and mental health.

### **3.2. Cognitive Health Programs Offered at Tourism Destinations**

Lifestyle interventions aimed at reducing dementia risk in tourism destinations represent a new service area known as cognitive health programs. Neuroscience applications, digital cognitive assessment tools, lifestyle clinics, “brain health accommodation” packages focused on brain health, and holistic wellness activities such as spa or nature therapy are the main components of these programs. The literature shows that such applications reduce stress levels, lower the risk of dementia, and support cognitive functions (Livingston et al., 2020; Bherer et al., 2013). The proliferation of these interventions among tourists demonstrates that cognitive health is not limited to clinical conditions. Instead, it shows that behavioral and psychosocial factors make cognitive health a life experience.

#### **3.2.1. Neuroscience-Based Vacation Programs**

Recently, some tourism destinations have been incorporating the results of neuroscience research into vacation programs to produce specialized content that supports cognitive health. These programs are based on scientific data related to cognitive reserve, the neurobiology of stress, healthy aging, and brain plasticity. Neuroscience-based vacation programs typically include exercises aimed at improving memory, activities aimed at developing executive functions, emotional regulation exercises, and meditation-based practices (Hölzel et al., 2011). Vacation packages provide greater health benefits when they include activities that support areas of the brain important for cognitive aging, such as the prefrontal cortex, hippocampus, and posterior cingulate cortex.

Some programs enhance brain plasticity by combining mind-body exercises, attention training, and physical exercise. There is evidence that such packages reduce stress hormones, increase cognitive flexibility, and enhance subjective well-being in older visitors (Goyal et

al., 2014). Neuroscience-based vacation practices have rapidly gained popularity, especially among visitors aged 55 and older, and have become a sub-specialty within the field of gerotourism.

### **3.2.2. Digital Cognitive Tests**

Digital cognitive tests and early diagnosis screenings are also becoming increasingly common in tourism destinations. In many health tourism centers, technological applications such as memory tests, tablet-based cognitive assessment tools, reaction time measurements, and portable EEG devices are now standard (Zygouris and Tsolaki, 2015). These tests enable individuals to quickly and reliably assess their basic cognitive areas such as executive function, processing speed, attention, memory, and attention.

Digital tests can be administered in less time than classic neuropsychological tests and can be easily adapted to non-clinical settings. This is an important reason for their proliferation in the tourism sector. Some resorts and wellness centers offer their visitors “brain age screening” or “cognitive baseline check-ups.” EEG-based stress measurements and neurofeedback applications have become particularly popular among older visitors at some wellness centers in California (Gruzelier, 2014).

### **3.2.3. Integration of Lifestyle Clinics with Tourism**

Lifestyle clinics provide personalized assistance in various areas such as nutrition, physical activity, stress management, and sleep patterns. The integration of these clinics into the tourism sector has developed a new approach to reducing risks associated with cognitive aging, obesity, metabolic syndrome, and chronic disease management. It has been reported that lifestyle change interventions in these hospitals are effective in reducing the risk of various chronic diseases, including dementia (Barnes and Yaffe, 2011).

A team consisting of geriatric specialists, neurologists, dietitians, physical therapists, psychologists, and many other disciplines manages lifestyle clinics in tourist destinations. Programs may include cognitive training, social activities, anti-inflammatory diet programs, aerobic activity prescriptions, and meditation sessions (Smith and Puczkó, 2014). “Health improvement-focused long-stay tourism” by elderly visitors has increased due to these clinics. In some European countries, “lifestyle medicine retreat” programs lasting two to six weeks have been shown to improve the cognitive capacity of elderly visitors and reduce their risk of

depression (Franco et al., 2014).

#### **3.2.4. Examples of “Brain Health Retreats”**

The term “brain health retreat” refers to comprehensive health tourism packages designed to support brain health. These retreats offer various vacation programs such as cognitive training, yoga, meditation, sleep regulation programs, dietary counseling, memory enhancement, and neurofitness. Popular in the United States, Japan, Spain, and Canada, these packages specifically target visitors over the age of 60.

Cognitive protective lifestyle protocols offered by Alzheimer's Prevention International and other organizations form the basis of most of these retreat programs (Isaacson et al., 2018). Furthermore, “retreat tourism” is an important mechanism for supporting the cognitive health of older individuals because it not only provides a vacation but also reduces stress levels, enhances cognitive capacity, and fosters social connections.

#### **3.2.5. Spa, Nature Therapy, and Memory-Boosting Activities**

Spa and wellness practices include interventions such as massage therapy, aromatherapy, hydrotherapy, sauna, and steam baths. These practices have been reported to reduce stress and emotions, lower cortisol levels, and balance the autonomic nervous system in older adults (Moyer et al., 2004). Nature therapy, such as nature bathing, ecotherapy, and nature walks, is also an important tourism practice that improves cognitive health.

However, puzzle solving, artistic activities, music therapy, storytelling, and cultural activities are known as memory-enhancing activities. Music therapy has been shown to specifically strengthen memory and reduce the risk of dementia (Särkämö et al., 2014). Complementary practices that increase cognitive reserve include art therapy and creativity-based tourism activities.

### **3.3. Attractiveness Factors of Cognitive Health Tourism**

In health tourism literature, cognitive health tourism is gaining importance as a new subcategory, particularly with the aging population. Customized programs, the integration of medical and wellness services, health tourism models focused on long stays, and the safety and infrastructure quality of the destination are the key attractive aspects of this segment. The literature shows that the tendency of elderly visitors to opt for package programs aimed at

improving cognitive health is largely influenced by these reasons (Connell, 2013; Smith and Puczkó, 2014).

### **3.3.1. Personalized Programs**

One of the most important factors increasing the appeal of cognitive health tourism is personalized health programs. Programs are designed using personalized cognitive interventions, including genetic profile, lifestyle, health history, and risk factors. A study by Isaacson et al. (2018) based on structured Alzheimer's prevention protocols and a structured personal risk profile showed that individualized interventions provide significant improvements in cognitive functions. Places offering personalized diet plans, cognitive exercise programs, physical activity prescriptions, and stress management strategies are more popular in tourism (Franco et al., 2014).

Today, many wellness and health tourism facilities create vacation plans to determine individuals' cognitive profiles through neuropsychological assessments and digital cognitive tests. Zygoris and Tsolaki (2015) state that personalized cognitive screenings at tourism destinations are very beneficial and encourage protective health behaviors by increasing awareness among older visitors.

### **3.3.2. Specialist Physician Support + Wellness Combination**

An attractive feature of cognitive health tourism is the combination of medical interventions and wellness services. The literature on health tourism shows that elderly visitors in particular are turning to programs that support holistic well-being, not just treatment (Smith and Puczkó, 2014).

A multidisciplinary team provides expert physician support consisting of neurologists, geriatricians, psychiatrists, physical therapists, and dietitians. The individual's cognitive status, risk factors, and medically safe program are evaluated by these teams. Healthy living elements include mental health-related activities such as spa treatments, yoga, meditation, aromatherapy, nature therapy, breathing exercises, and low-intensity physical activities.

Hölzel and colleagues (2011) discovered that meditation-based activities have a positive effect on brain structure and attention processes; Moyer et al. (2004) found that wellness programs significantly reduce stress hormones. These results demonstrate that medical follow-up and wellness activities work together effectively in cognitive tourism packages.

Johnston et al. (2010) also noted that specialist physician support plays an important role in selecting tourist destinations by increasing the sense of security for elderly visitors. Consequently, a key attraction for cognitive health tourism is the combination of health and medical supervision.

### **3.3.3. Long-Stay Packages**

Interest in programs involving long-term stays in health tourism has increased worldwide. Cognitive health tourism typically involves programs lasting 2 to 6 weeks. Long-term stays help behavioral changes become permanent and facilitate the adoption of a healthy lifestyle (Michie et al., 2011).

There are several reasons why elderly visitors prefer long-term stays:

- Neuroplasticity and cognitive rehabilitation processes require time
- Ability to focus on healthier lifestyle habits by giving up daily routines
- Group activities and social interaction become more effective
- Development of clinical follow-up practices

Franco et al. (2014) found that long-term lifestyle interventions yield better results in cognitive function and psychological well-being in older adults compared to short-term programs.

Older visitors in countries such as Japan, Spain, and New Zealand particularly prefer “destination-based long-stay health programs” (Nield, 2008). Long-term stays are an economically attractive model for tourism businesses and contribute to the sustainability of the programs.

### **3.3.4. Safety, Infrastructure, and Destination Image**

The success of cognitive health tourism depends not only on the quality of the programs but also on the safety, infrastructure, and overall image of the destination. Due to the high risk perception of elderly tourists, the safety of the destination is very important for this demographic group (Fleischer and Pizam, 2015).

Security components:

- Low crime rate

- Health-safe environment
- Proximity to emergency medical services
- High hygiene standards

Infrastructure components include:

- Accessibility (environmental arrangements suitable for disabled and elderly people)
- Technological equipment for healthcare facilities
- Appropriate arrangements in accommodation facilities for the elderly
- Ease of transportation and medical transfer

These elements directly affect the satisfaction of elderly visitors and the overall perception of the destination. Nordin and Svensson (2021) state that elderly-friendly infrastructure provides a competitive advantage to tourism centers.

However, in cognitive health tourism, the factors that shape a destination's image are particularly related to the following (Chen, 2017):

- Recognition of medical expertise
- Prevalence of a health culture
- Positive international image
- Having reliable companies

UNWTO (2020) states that the perception of reliability and professionalism has a greater impact than other factors on the destination selection of elderly tourists.

## **4. GERIATRIC CHECK-UP TOURISM**

### **4.1. Definition and Content of Geriatric Check-Up**

Geriatric check-ups are a comprehensive screening process consisting of medical, functional, and psychosocial factors, aiming to systematically and comprehensively assess the multidimensional health status of older individuals. The World Health Organization (WHO, 2015) emphasizes that the health of older people is not limited to the diagnosis of diseases, but also includes maintaining quality of life, managing long-term illnesses, and promoting healthy aging. Geriatric-focused check-ups differ significantly from classic adult check-ups. Cardiovascular status, endocrine function, musculoskeletal system, neurological performance,

nutritional status, and cancer screening are addressed in geriatric assessments using a multidimensional approach (Cesari et al., 2016; Akishita and Ouchi, 2017).

As a result, many health tourism destinations have created comprehensive check-up packages, especially for elderly visitors; these packages combine medical evaluations with tourist activities, making them an important service area of gerotourism (Connell, 2013).

#### **4.1.1. Cardiological Assessment**

In individuals over the age of 65, morbidity and mortality are caused by cardiovascular diseases. Consequently, cardiac screening is an important part of geriatric check-up programs. Arterial stiffness measurements, echocardiography, exercise testing, rhythm monitoring, and electrocardiography (ECG) are frequently used for early detection of cardiac risk (Benjamin et al., 2017).

#### **4.1.2. Endocrinological Tests**

The endocrine system changes with age, and many chronic diseases stem from hormonal imbalances. Insulin resistance assessment (HOMA-IR), hemoglobin A1c (HbA1c), vitamin D level, cortisol, adrenal function measurements, and thyroid function tests (TSH, T3, T4) are among the basic endocrinological examinations (Kategaya et al., 2020).

Diabetes and metabolic syndrome in older adults are closely associated with cognitive impairment and the risk of Alzheimer's disease (Biessels et al., 2014). Consequently, metabolic and hormonal assessments are vital for cognitive and overall health. Offering endocrinological tests as a package in tourist centers helps elderly visitors choose reliable places in terms of health.

#### **4.1.3. Musculoskeletal Function Tests**

Sarcopenia, osteoporosis, loss of balance, and limited mobility are problems that affect the musculoskeletal system with aging. Sarcopenia is seen in 30% of people over the age of 70 (Cruz-Jentoft et al., 2019). Therefore, musculoskeletal system assessments are very important in geriatric care.

Commonly used tools for assessment include:

- Determining bone mineral density using DEXA
- Measuring walking speed
- Measuring grip strength
- A seated test
- Balance assessment standards

These tests can be used in tourist centers to determine people's muscle health and risk of falling. Research shows that interventions that reduce the risk of falling lower healthcare costs

and preserve independent living in older adults (Sherrington et al., 2017).

#### Neurological Screenings

Neurological assessments are crucial for the early diagnosis of age-related problems such as cognitive impairment, depression, sensory loss, and movement disorders. The basic neurological assessments included in the literature on geriatric screening programs are as follows:

- MMSE (Mini Mental State Examination)
- Montreal Cognitive Assessment (MoCA)
- Sensory tests (vision and hearing functions)
- Motor coordination assessments
- EEG and brain imaging when necessary

Disease prognosis and quality of life are directly affected by early diagnosis. For this reason, neurological screenings have become a feature of check-up packages at health tourism destinations.

#### **4.1.4. Nutritional Status Assessment**

Older adults may be at risk for dangerous consequences such as cognitive impairment, muscle loss, and increased risk of infection (Visvanathan et al., 2015). Therefore, assessing nutritional status in geriatric screening programs is very important. Commonly used tools for assessment include:

- Mini Nutritional Assessment (MNA)
- Serum albumin and prealbumin
- Electrolyte levels
- Body composition measurement
- Micronutrient analysis

Assessing the nutritional status of elderly visitors enables the planning of interventions that improve quality of life. Cognitive health is supported by personalized diet programs, metabolic profile analyses, and Mediterranean-based diet counseling offered by health tourism centers (Valls-Pedret et al., 2015).

#### **4.1.5. Cancer Screening in Old Age**

Cancer incidence increases in the older age group, making cancer screenings an important part of geriatric check-up packages. The World Health Organization and the American Cancer Society list certain screenings that older adults should undergo at specific intervals:

- Colonoscopy for colorectal cancer
- Mammography for breast cancer

- PSA for prostate cancer
- Low-dose computed tomography (for individuals at risk of lung cancer)
- Skin cancer screenings

Early diagnosis significantly increases survival even in old age (Siegel et al., 2020). As a result, many health tourism destinations that offer comprehensive cancer screening packages for older adults positively influence the safety perceptions and destination preferences of elderly visitors (Connell, 2013).

## **4.2. Why Geriatric Check-Up Tourism is on the Rise**

In recent years, geriatric check-up tourism has increased significantly due to both the global aging trend and changes in healthcare services. The literature indicates that this development is primarily linked to three main reasons. These are: faster and cheaper diagnostic options; the proliferation of advanced diagnostic technologies (such as PET/MR hybrid systems and liquid biopsy); and the incorporation of personalized medicine practices in geriatric services. Health tourism has become an experience for older people that involves not only treatment but also preventive healthcare and early diagnosis (Connell, 2013; Lunt et al., 2016).

### **4.2.1. Faster and More Affordable Diagnostic Options**

Long waiting times and high costs are among the biggest problems encountered in accessing healthcare services for older people in many countries. In developed countries such as the UK, Canada, and Australia, there are months-long waiting lists for advanced imaging, specialist doctor appointments, and comprehensive check-ups (Johnston et al., 2010). As a result, the cheap and fast diagnostic services offered by health tourism destinations have significantly increased the desire of elderly visitors to travel. Hanefeld et al. (2015) found that “access to fast service” is one of the main motivations for participating in medical tourism, and that this is much more pronounced among older adults. For example, the cost of a comprehensive check-up program in the United States ranges from \$2,500 to \$5,000. However, the same service can be offered much more cheaply in countries such as Thailand, India, and Turkey (Lunt et al., 2016).

The costs of advanced examinations and check-up packages demonstrate the price advantage. Global comparisons have shown that geriatric screenings offered at private health tourism centers are inexpensive, especially for older people (Connell, 2013). This is an important factor supporting the global growth of geriatric check-up tourism.

Technological Advancements (PET/MR, Liquid Biopsy, etc.)

Recent developments in diagnostic technology have expanded the scope of check-up services,

making advanced diagnostic methods an important attraction for tourist destinations. Non-invasive diagnostic technologies, such as PET/MR hybrid imaging, PET/CT systems, and liquid biopsy, enable the early detection of Alzheimer's, cancer, and cardiovascular diseases (Hegde et al., 2018).

#### **4.2.2. The Impact of PET/MR and PET/CT Hybrid Systems**

PET/MR technology provides high sensitivity in the early diagnosis of neurodegenerative diseases by offering both metabolic and anatomical imaging. Imaging beta-amyloid and tau pathology is crucial for the early detection of cognitive decline in Alzheimer's disease (Villemagne et al., 2015). The use of these technologies at many tourist destinations has significantly improved the quality of check-up packages.

#### **4.2.3. Liquid Biopsy**

The detection of tumor DNA (ctDNA) from a blood sample is a new diagnostic method known as liquid biopsy. Liquid biopsy offers a major advantage, especially for older people, in situations where traditional biopsies are risky (Wan et al., 2017). Medical tourism centers attract older visitors by offering this technology as “early diagnosis packages.”

#### **4.2.4. Other Scientific Developments**

- High-resolution MR imaging systems
- Low-dose CT scans
- Image analysis with artificial intelligence
- Digital cardiology (such as mobile electrocardiogram and telecardiology)

Thanks to these technological developments, destinations have made advanced diagnostics more accessible for elderly visitors.

#### **4.2.5. Personalized Medicine Applications and Geriatric Check-Ups**

Personalized medicine, also known as personalized healthcare, refers to health services tailored to an individual's genetic, biological, and lifestyle characteristics. This approach is becoming increasingly common in geriatrics and has a significant impact on early diagnosis, disease risk assessment, and personalized treatment recommendations (Ashley, 2016).

The impact of personalized medicine applications on the increase in geriatric check-up visits can be evaluated at three levels:

##### **1. Genetic and Biomarker-Based Risk Analyses**

Genetic tests are used to assess risk indicators such as BRCA mutations and APOE-ε4 genotype to determine the risk levels of diseases such as cancer and Alzheimer's (Corder et al., 1993). Adding these programs to check-up packages helps elderly tourists become more aware of their health.

## 2. Personalized Nutrition and Lifestyle Programs

Diet and exercise programs that take into account personal metabolic profiles are based on literature showing that they improve the quality of life and cognitive functions of elderly individuals (Franco et al., 2014).

## 3. Artificial Intelligence and Database-Based Health Management

Some health tourism centers use AI-supported systems to analyze all clinical data of elderly visitors and create risk prediction models (Topol, 2019). This increases the reliability and accuracy of check-up services, thereby enhancing the destination's appeal.

The literature indicates that the rise of geriatric check-up tourism stems from various factors. Older tourists are turning to this sector through faster and cheaper diagnosis, advanced diagnostic technologies, and the inclusion of personalized medicine practices in the tourism industry. The medical nature of gerotourism has been strengthened by offering a comprehensive health experience that provides older visitors with a high level of satisfaction and safety as a result of these factors.

## **5. The Role Of Cognitive Health Programs And Geriatric Check-Ups In Gerotourism**

Cognitive health programs and geriatric check-up services, which play an important role in the development of gerotourism, significantly influence the health-related travel behavior of elderly tourists. The literature shows that elderly tourists' demand for these services stems not only from medical needs but also from service quality, perceived health benefits, risk reduction behaviors, and economic-social factors (Connell, 2013; Smith and Puczkó, 2014). As a result, cognitive health and check-up tourism is one of the fastest growing sectors of contemporary gerotourism.

### **5.1. Elderly Tourist Satisfaction and Cognitive Health Services**

#### **5.1.1. Service Quality**

The satisfaction of elderly visitors is influenced by service quality. The health tourism literature shows that older adults have higher expectations of service quality compared to younger tourists (Fleischer and Pizam, 2015). Senior visitors evaluated service quality based on the following factors:

- the level of expertise of healthcare providers,
- the clarity of diagnosis and treatment procedures,
- the accessibility of facilities,
- personalized care and attention,

- the use of a multidisciplinary approach,
- the use of advanced technologies (PET/MR, digital tests, etc.)

Johnston et al. (2010) found that the quality of medical tourism services, the satisfaction of elderly visitors, and their desire to return are largely dependent on the quality of medical tourism services. In reliable locations, especially those with high medical standards, older people are more inclined to choose mental and physical health service packages.

### **5.1.2. Perceived Health Benefits**

The participation of elderly visitors in cognitive health programs and geriatric check-up packages is largely influenced by the health benefits they receive. Howard (2019) noted that individuals' "valuation of health tourism services" is largely linked to the health benefits they perceive. Elderly tourists have a better perception of quality of life with interventions such as cognitive training, lifestyle change programs, neurological scans, and anti-inflammatory nutrition programs.

Franco et al. (2014) demonstrated that long-term stays and cognitive intervention programs led to significant improvements in both the physical and cognitive health of elderly visitors. One of the key components that increases the appeal of cognitive tourism packages is "perceived benefit."

### **5.1.3. Trust and Destination Loyalty**

Tourism literature reveals that trust is one of the most powerful determinants in the destination and institution selection of older tourists (Nordin and Svensson, 2021). Older individuals tend to avoid risk when receiving healthcare services; therefore, the destination's safety profile, medical accreditations, and the reputation of healthcare professionals are extremely important.

Trust elements include:

- hospital/facility accreditation (JCI, etc.),
- international recognition, transparent pricing,
- medical complication rates,
- emergency response capacity.

Smith and Puczkó (2014) note that in high-trust health destinations, older tourists' intention to revisit increases and destination loyalty strengthens. Countries such as Turkey, South Korea, Singapore, and Thailand, in particular, receive high satisfaction from older tourists thanks to their strong healthcare infrastructure.

## **5.2. Risk-Reduction Behavior and Quality of Life**

### **5.2.1. Information-Seeking Behaviors of Older Tourists**

The gerotourism literature indicates that older tourists tend to search for more information regarding health-related issues (Chen, 2017). Digital platforms, physician review websites, social media groups, and e-health applications play an important role in the decision-making processes of older adults. Heung et al. (2011) state that information seeking in the context of health tourism enhances the sense of trust among older tourists and reduces the risk of making incorrect choices. Data-driven information provision in complex services—such as cognitive health programs and check-up packages—positively influences the decision-making processes of older tourists.

### **5.2.3. Reducing Health Risks and the Preventive Medicine Approach**

The growing adoption of preventive medicine in the tourism sector is directly linked to the rise of geriatric control tourism. Livingston et al. (2020) found that modifiable risk factors such as hypertension, obesity, diabetes, physical inactivity, depression, hearing loss, and social isolation account for forty percent of Alzheimer’s disease risk. Consequently, there is substantial demand for risk-reduction package programs.

The key components of risk-reduction strategies include:

- cognitive tests for early diagnosis (PET/MR and cancer screenings),
- lifestyle modification activities,
- stress management and mindfulness,
- physical exercise and nutritional regulation.

Tourism centers offer integrated “check-up + wellness + lifestyle therapy” packages, providing older visitors with a holistic experience that helps minimize health risks.

#### **5.2.3.1. The Rise of the “Preventive Tourism” Concept**

In the health tourism literature, “preventive tourism” has emerged as a rapidly growing concept in recent years. This approach includes programs aimed at achieving health benefits before the onset of illness (Hall, 2011). Older tourists, in particular, tend to choose travel options focused on risk reduction and healthy ageing rather than medical treatment.

The UNWTO (2020) highlights the increasing importance of preventive health services in the context of senior health travel. This trend strengthens the position of cognitive health programs within gerotourism.

## **5.3. Economic, Social, and Ethical Dimensions**

### **5.3.1. Cost Advantage**

One of the main drivers behind the growth of geriatric check-up tourism is its cost advantage.

Lunt et al. (2016) note that early diagnosis and check-up services are offered at significantly lower prices compared to many national healthcare systems, which boosts tourism demand. Older adults—especially those from high-cost countries—prefer destinations that offer economic benefits. In addition to medical diagnostic services, long-term stays, rehabilitation programs, and bundled interventions provide further economic advantages.

### **5.3.2. Economic Contribution to Destinations**

Gerotourism, particularly through cognitive health tourism and check-up packages, generates substantial added value for destinations. Older visitors tend to spend more and stay longer than younger tourists, increasing destination revenues (Patterson and Balderas, 2018). Moreover, the following sectors constitute major components of this tourism segment (Connell, 2013):

- transportation,
- accommodation,
- gastronomic and nutritional care,
- healthcare facilities.

#### **Ethical and Privacy Issues Concerning Older Adults**

Cognitive health programs and check-up services present ethical and privacy concerns due to the processing of sensitive personal health data. Decision-making difficulties stemming from cognitive capacity limitations among older adults are a significant ethical issue (Georges et al., 2019).

Major ethical concerns include:

- high-cost and unnecessary screenings,
- use of health data for commercial purposes,
- older adults' capacity to provide informed consent,
- the risk of perceiving tourists as “customers” rather than “patients,”
- elder exploitation and excessive medical intervention.

For these reasons, Smith and Puczkó (2014) emphasize that the implementation of ethical standards is crucial in health tourism services targeted at older individuals.

## **6. Discussion**

The growing medical, social, and economic shifts associated with global ageing have made cognitive health services increasingly popular within tourism. The literature demonstrates that cognitive health significantly affects the quality of life of older adults (Livingston et al., 2020).

The expansion of cognitive health programs and geriatric check-up services within tourism destinations has produced various strategic implications at both individual and destination levels. This section examines why cognitive health is important for gerotourism, the strategic opportunities it provides for destinations, future trends, and existing research gaps.

### **6.1. The Importance of Cognitive Health in Gerotourism**

Gerotourism is highly significant because cognitive health directly influences older individuals' independent living capacity, social participation, safety levels, and overall quality of life. Alzheimer's and dementia, affecting over 55 million people worldwide, are among the most significant health issues driving older tourists to seek preventive healthcare and reduce risk (WHO, 2021). Livingston et al. (2020) emphasize that modifiable lifestyle factors account for nearly 40% of dementia cases, highlighting the essential role of cognitive health in preventive medicine.

In tourism, practices that support cognitive health—such as cognitive rehabilitation programs, lifestyle interventions, stress management, physical activities, social engagement activities, and digital cognitive assessments—may emerge as a response to older visitors' desires for both improved health and meaningful holiday experiences. Thus, the medical and experiential value of gerotourism can be enhanced through cognitive health.

Furthermore, tourism services supporting cognitive well-being reduce risk perceptions among older adults and strengthen their sense of trust during travel decision-making (Nordin and Svensson, 2021). Consequently, cognitive health constitutes not only a clinical dimension of gerotourism but also a fundamental element of the overall tourism experience.

### **6.2. Destination Strategies**

The integration of cognitive health and geriatric check-up services into the tourism sector has created extensive strategic opportunities for destinations. First, older visitors tend to spend more money and stay longer, providing destinations with a long-term and stable revenue source (Patterson and Balderas, 2018).

Key tactical opportunities for destinations include:

1. High-Value Service Provision

Advanced diagnostic technologies (PET/MR, liquid biopsy, etc.), digital cognitive analytics, and lifestyle clinics represent high-tech services that enhance destinations' international competitiveness (Connell, 2013).

## 2. Integration of Tourism and Healthcare

The combination of medical support and wellness programs attracts visitors from diverse demographic groups (Smith and Puczkó, 2014).

## 3. Developing an Age-Friendly Destination Image

Nordin and Svensson (2021) state that age-friendly infrastructure and cognitive health programs strengthen destination perception and increase visitor engagement.

## 4. Year-Round Demand Growth

Gerotourism reduces seasonality by attracting visitors throughout the year.

## 5. Contribution to the Health Economy

By investing in health infrastructure and medical technologies, destinations become active participants in the global health economy, offering both strategic and financial opportunities. Thus, cognitive health programs are not only recreational but also strategically valuable elements for tourism development.

### **6.3. Research Gaps**

Although the literature on cognitive health tourism and geriatric check-up services is expanding, several areas require further research.

#### (a) Digital Cognitive Programs

The long-term cognitive effects of digital cognitive interventions—such as app-based memory training, tablet-based tests, and VR/AR cognitive exercises—remain unclear. Although Zygouris and Tsolaki (2015) demonstrate that digital tests can be helpful, their sustainability and effectiveness require further research. Additionally, how these programs are perceived within tourism settings and their impact on visitor satisfaction remain insufficiently examined.

#### (b) AI-Based Cognitive Analysis Systems

Artificial intelligence holds substantial potential for cognitive test analysis and early Alzheimer's diagnosis (Topol, 2019). However, research on how these technologies will be integrated into tourism and how older visitors perceive and trust these systems is limited. Further studies should investigate which AI systems provide genuine clinical benefits, under what conditions they may produce misleading results, and how they may raise ethical concerns within tourism contexts.

### (c) Importance of Cultural Differences

Cultural factors significantly influence older visitors' demand for cognitive health services; however, the literature remains limited in this area. Patterson and Balderas (2018) note that cross-cultural cognitive health tourism research is scarce, despite cultural factors playing a major role in older visitors' behaviors.

Future research should examine:

- differences between Western and Asian cognitive health practices,
- the influence of family structures on older adults' tourism preferences,
- how cultural perceptions of cognitive decline affect screening demand,
- development of culturally adapted cognitive programs,
  
- the need for destination marketing and service design strategies to consider cultural diversity

## **7. Conclusion**

Gerotourism has become a strategically important field in both tourism and healthcare as a result of global ageing. As estimated by the United Nations (2022), the population aged 65 and over is expected to reach 1.5 billion by 2050, accelerating the global mobility of older adults seeking healthcare services. Consequently, cognitive health programs have emerged as essential components of gerotourism, particularly due to the increasing prevalence of neurodegenerative disorders such as dementia and Alzheimer's disease. The literature confirms that cognitive health plays a vital role in preventive medicine and that lifestyle interventions can reduce Alzheimer's risk by approximately 40% (Livingston et al., 2020).

Integrating cognitive health applications into tourism—such as neuroscience-based vacation programs, cognitive rehabilitation, digital cognitive tests, and social engagement-based activities—provides significant benefits for improving the health and quality of life of older visitors.

Similarly, geriatric check-up tourism is expected to grow rapidly due to the early diagnostic potential of advanced technologies such as PET/MR hybrid imaging, liquid biopsy, and AI-supported analytical systems (Topol, 2019; Villemagne et al., 2015). This study contributes an interdisciplinary perspective to the gerotourism literature by examining cognitive health and geriatric check-up tourism within a comprehensive framework while also offering strategic recommendations for practitioners, policymakers, and destinations.

### *Implications for Destinations*

- Developing tourism packages that prioritize cognitive health,
- Promoting hybrid models that combine neurological screening with wellness programs,
- Strengthening elderly-friendly, accessible, and safe infrastructure (Nordin and Svensson, 2021).

### *Implications for Researchers*

- Conducting comparative analyses of gerotourism models across countries,
- Scientifically testing VR/AR cognitive exercises, AI-based screening tools, and digital therapies,
- Increasing qualitative research to thoroughly examine older tourists' risk perceptions, motivations, and behaviors.

In conclusion, geriatric check-up and cognitive health programs will continue to shape the future of gerotourism, as they align with global preventive health trends and meet the evolving expectations of older tourists.

### **References**

- Akishita, M., & Ouchi, Y. (2017). Geriatric medicine: Diagnosis and management. *Geriatrics & Gerontology International*, 17(4), 595–597.
- Ashley, E. A. (2016). The precision medicine initiative. *JAMA*, 315(7), 613–614.
- Biessels, G. J., et al. (2014). Diabetes and cognitive decline. *The Lancet Neurology*, 13(9), 870–878.
- Barnes, D. E., & Yaffe, K. (2011). The projected effect of risk factor reduction on Alzheimer's disease prevalence. *The Lancet Neurology*, 10(9), 819–828.
- Benjamin, E. J., et al. (2017). Heart disease and stroke statistics. *Circulation*, 135(10), e146–e603.
- Bherer, L., Erickson, K. I., & Liu-Ambrose, T. (2013). A review of the effects of physical activity and exercise on cognitive and brain functions in older adults. *Journal of Aging Research*, 2013, 1–8.
- Biessels, G. J., et al. (2014). Diabetes and cognitive decline. *The Lancet Neurology*, 13(9), 870–878.
- Cesari, M., et al. (2016). Frailty in older persons. *The Lancet*, 387(10017), 106–117.
- Chen, S. (2017). Elderly tourism: Motives, preferences, and segmentation. *Tourism Management*, 63, 32–41.
- Connell, J. (2013). Contemporary medical tourism. *Tourism Management*, 34, 1–13.
- Fleischer, A., & Pizam, A. (2015). Tourism and aging. *Journal of Tourism Futures*, 1(2), 66–73.
- Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*, 34, 1–13.
- Corder, E. H., et al. (1993). APOE genotype in Alzheimer's disease risk. *Science*, 261(5123), 921–923.
- Cruz-Jentoft, A. J., et al. (2019). Sarcopenia: Revised European consensus. *Age and Ageing*, 48(1), 16–31.
- Desa, U. N. (2022). World population prospects 2022: Summary of results. United Nations Department of Economic and Social Affairs, Population Division, Tech. Rep. UN DESA/POP/2022/TR, 3.

- Eurostat. (2021). *Tourism statistics: Participation and expenditure*. European Commission.
- Fleischer, A., & Pizam, A. (2015). Tourism and aging: Trends and challenges. *Journal of Tourism Futures*, 1(2), 66–73.
- Franco, M. R., et al. (2014). Positive effects of lifestyle interventions in older adults. *Ageing Research Reviews*, 15, 139–163.
- Fratiglioni, L., Paillard-Borg, S., & Winblad, B. (2004). An active and socially integrated lifestyle in late life might protect against dementia. *The Lancet Neurology*, 3(6), 343–353.
- Georges, J., et al. (2019). Ethical issues in dementia care. *Clinical Ethics*, 14(2), 67–76.
- Goyal, M., et al. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *JAMA Internal Medicine*, 174(3), 357–368.
- Gruzelier, J. H. (2014). EEG-neurofeedback for peak performance. *Neuroscience & Biobehavioral Reviews*, 44, 124–141.
- Gupta, V., Dash, S., & Mishra, A. (2020). Lifestyle factors and health tourism among elderly travelers. *Journal of Hospitality and Tourism Management*, 45, 59–68.
- Hall, C. M. (2011). Health and medical tourism: A kill or cure for global public health? *Tourism Review*, 66(1–2), 4–15.
- Hanefeld, J., Horsfall, D., Lunt, N. (2015). Understanding medical tourism. *Globalization and Health*, 11(1), 1–8.
- Hegde, M., et al. (2018). Advanced imaging in neurodegenerative diseases. *Neuroimaging Clinics*, 28(1), 1–21.
- Heung, V. C. S., Kucukusta, D., & Song, H. (2011). Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, 32(5), 995–1005.
- Holt-Lunstad, J., et al. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237.
- Horsfall, D., & Lunt, N. (2017). Medical tourism: Emerging trends. *International Journal of Tourism Research*, 19(5), 1–12.
- Hölzel, B. K., et al. (2011). Mindfulness practice leads to increases in regional brain gray matter density. *Psychiatry Research: Neuroimaging*, 191(1), 36–43.
- Isaacson, R. S., et al. (2018). Alzheimer's prevention clinic approach. *Journal of Prevention of Alzheimer's Disease*, 5(4), 234–241.
- Johnston, R., Crooks, V. A., Snyder, J., & Kingsbury, P. (2010). What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health*, 9(24), 1–13.
- Kategaya, L. S., et al. (2020). Endocrine changes in aging. *Journal of Endocrinology*, 245(1), 1–15.
- Lampit, A., Hallock, H., & Valenzuela, M. (2014). Computerized cognitive training in cognitively healthy older adults: A meta-analysis. *PLoS Medicine*, 11(11), e1001756.
- Lane, C. A., Hardy, J., & Schott, J. M. (2018). Alzheimer's disease. *European Journal of Neurology*, 25(1), 59–70.
- Livingston, G., et al. (2020). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet*, 396(10248), 413–446.
- Lunt, N., Horsfall, D., & Hanefeld, J. (2016). *Handbook on medical tourism and patient mobility*. Edward Elgar.
- Michie, S., et al. (2011). The behavior change wheel. *Implementation Science*, 6(42), 1–12.
- Moyer, C. A., et al. (2004). Massage therapy and cortisol. *Journal of Bodywork and Movement Therapies*, 8(1), 50–58.
- Nield, K. (2008). Long-stay tourism. *Journal of Hospitality & Tourism Management*, 15(1), 41–48.
- Nordin, S., & Svensson, B. (2021). Senior tourism and accessibility: A review of the literature. *Scandinavian Journal of Hospitality and Tourism*, 21(3), 205–223.
- Patterson, I., & Balderas, A. (2018). Trends in senior tourism: Challenges and opportunities. *International Journal of Tourism Research*, 20(4), 495–507.

- Särkämö, T., et al. (2014). Cognitive and emotional benefits of music intervention. *Aging & Mental Health*, 18(3), 306–315.
- Sherrington, C., et al. (2017). Exercise for preventing falls in older people. *British Journal of Sports Medicine*, 51(24), 1750–1758.
- Siegel, R. L., et al. (2020). Cancer statistics. *CA: A Cancer Journal for Clinicians*, 70(1), 7–30.
- Smith, M., & Diekmann, A. (2017). Tourism and well-being. In K. Tribe & D. Airey (Eds.), *The Routledge handbook of tourism and well-being* (pp. 35–48). Routledge.
- Smith, M., & Puczkó, L. (2014). *Health, tourism and hospitality: Spas, wellness and medical travel*. Routledge.
- Topol, E. (2019). High-performance medicine: The convergence of human and artificial intelligence. *Nature Medicine*, 25(1), 44–56.
- United Nations. (2022). *World Population Prospects 2022*. UN Department of Economic and Social Affairs.
- UNWTO. (2020). *Tourism for Older Persons*. World Tourism Organization.
- Valls-Pedret, C., et al. (2015). Mediterranean diet and age-related cognitive decline. *JAMA Internal Medicine*, 175(7), 1094–1103.
- Villemagne, V. L., et al. (2015). Amyloid imaging in Alzheimer’s disease: Advances and clinical utility. *Nature Reviews Neurology*, 11(1), 50–60.
- Visvanathan, R., et al. (2015). Malnutrition in older adults. *Maturitas*, 81(1), 84–90.
- Wan, J., et al. (2017). Liquid biopsy technologies. *Nature Reviews Cancer*, 17(4), 223–238.
- WHO. (2015). *World Report on Ageing and Health*. World Health Organization.
- WHO. (2021). *Global status report on the public health response to dementia*. World Health Organization.
- Wimo, A., Guerchet, M., Ali, G.-C., Wu, Y.-T., Prina, A. M., Winblad, B., & Prince, M. (2017). The worldwide costs of dementia 2015 and comparisons with 2010. *Alzheimer’s & Dementia*, 13(1), 1–7.
- Zygouris, S., & Tsolaki, M. (2015). Computerized cognitive testing. *Clinical Interventions in Aging*, 10, 1385–1396.

**Declaration of Research and Publication Ethics**

This study which does not require ethics committee approval and/or legal/specific permission complies with the research and publication ethics.

**Researcher’s Contribution Rate Statement**

The authors declare that they have contributed equally to the article.

**Declaration of Researcher’s Conflict of Interest**

There is no potential conflicts of interest in this study.

# The Strategic Role of The HealthTürkiye Portal and Brand in Türkiye's International Health Tourism: An Examination from the Perspective of Legislation and Practice

Şennur CANER<sup>4</sup>

**Keywords:** HealthTürkiye, Health tourism policy, Health tourism strategy, Digital platforms, Legislation.

**JEL Codes:** L83, I18, H11,

Caner, Ş. (2025). The Strategic Role of The HealthTürkiye Portal and Brand in Türkiye's International Health Tourism: An Examination from the Perspective of Legislation and Practice. *Health Tourism Journal*, 1(2), 81-97. 10.5281/zenodo.18098820

## Abstract

Developed within the scope of Türkiye's health tourism vision, the HealthTürkiye brand and portal have been positioned as a one-stop digital platform for international patients. This study examines the strategic role of the HealthTürkiye portal and brand in light of the Regulation on International Health Tourism and Tourist Health dated April 26, 2025, and related documents. The legislative analysis reveals that innovations such as mandatory membership of healthcare facilities and intermediary institutions to the HealthTürkiye portal and performance monitoring criteria ensure compliance with international quality standards and digital integration. The components of the HealthTürkiye brand make significant contributions in the areas of digitalization, service quality, patient experience, and global brand image. In practice, the membership process and performance criteria of the portal have triggered a process of institutional alignment and transformation for healthcare facilities and intermediary institutions. The model centered on the HealthTürkiye portal is evaluated in terms of the advantages it provides in transparency, supervision, and promotion, as well as the challenges it presents regarding data sharing and adaptation. As a result, the HealthTürkiye brand serves as Türkiye's gateway to the world and assumes a strategic role in the international healthcare system. The study offers recommendations for policymakers to ensure the portal's sustainability and data security, and for healthcare facilities and intermediary institutions to invest in digital infrastructure and service quality.

---

<sup>4</sup> Dr., Samsun Provincial Directorate of Health, Health Tourism Unit, Türkiye, sennur.yuksel55@hotmail.com, <https://orcid.org/0000-0002-0355-4418>

## 1. Introduction

In recent years, health tourism has gained increasing momentum globally (Lee & Spisto, 2007:1), and the economic returns offered by this sector have encouraged many countries to become health tourism destinations (Wong et al., 2014:1). Today, the appeal of health tourism is shaped not only by cost advantages but also by multidimensional factors such as quality, speed, and cultural proximity (Jagyasi, 2010:9). In recent years, Türkiye has become a significant global actor in the field of health tourism (Tengilimoğlu, 2021:1). According to data from TURKSTAT, health tourism revenues amounted to approximately 3 billion USD in both 2023 and 2024, and reached 2.18 billion USD in the first nine months of 2025 (TURKSTAT, 2025; USHAŞ, 2025). Nearly 1.5 million foreign patients choose Türkiye for treatment annually (TURKSTAT, 2025); factors such as a robust health infrastructure equipped with advanced technology, qualified healthcare professionals, and affordable and rapid service delivery make Türkiye an attractive option (Bulut & Şengül, 2019:45; Tontuş, 2015). With its high-quality healthcare services and geographical advantages, Türkiye stands out in this field, increasing its competitive power in the global market through digitalization and branding policies supported by the government (Mumcu & Çapar, 2023:281). Countries such as Malaysia, India, Singapore and Thailand are actively competing in the international patient market through digital health portals and national health brands (Wong et al., 2014).

To further develop this potential and centralize international promotion efforts, a new umbrella brand and digital portal named “HealthTürkiye” was launched in 2022. Promoted with the slogan “Heart of Health,” the HealthTürkiye brand aims to introduce international healthcare services to the world and position Türkiye as a central country in health tourism (Anadolu Agency, 2022).

In recent years, strategic coherence has been achieved in the governance of health tourism policies in Türkiye; goals to increase the global competitiveness of healthcare services have been explicitly reflected in national plans and strategies. The Ministry of Health’s 2019–2023 Strategic Plan identified “increasing the preference of our country in the field of international health tourism” as one of its main strategic objectives (Ministry of Health, 2022). In line with this objective, the International Health Services Joint Stock Company (USHAŞ) was established in 2019 as an affiliate of the Ministry of Health to promote Türkiye’s healthcare system internationally and to support and organize health tourism activities (USHAŞ, 2025). In the new period, this approach has been further institutionalized with the 12th Development Plan (2024–2028) and the Ministry of Health’s 2024–2028 Strategic Plan. These plans aim to

improve the service capacity of health tourism in both qualitative and quantitative terms, strengthen the inspection system for certified healthcare facilities and intermediary institutions, encourage the accreditation of healthcare facilities, promote expansion into high value-added areas, and establish infrastructure for remote monitoring of health tourism beneficiaries. Additionally, to enhance Türkiye's global promotional power in health tourism, the HealthTürkiye brand is planned to be positioned as an international umbrella brand, and promotional and marketing activities will be carried out accordingly (Ministry of Health, 2024). These strategic orientations demonstrate that the vision of health tourism is not merely viewed as an economic revenue stream but also as a holistic brand management process that enhances the country's international reputation.

The most tangible product of the HealthTürkiye initiative is the official digital platform “www.healthturkiye.com,” which presents Türkiye's health tourism opportunities to the world with multilingual content (Anadolu Agency, 2022; HealthTürkiye, 2025). Through the portal, diagnostic, treatment, and rehabilitation services across Türkiye are promoted in multiple languages; patients can plan their entire process, from flight arrangements to choosing hospitals and doctors, and compare costs via the “Plan Your Treatment” section (Anadolu Agency, 2022). Integrated with the Ministry of Culture and Tourism's GoTürkiye application (GoTürkiye, 2025), the portal offers access to a 24/7 international patient call center available in six languages: Arabic, Russian, English, French, Persian, and German (USHAŞ, 2025; HealthTürkiye, 2025). Additionally, the portal includes satisfaction surveys to measure international patients' post-treatment experiences (Anadolu Agency, 2022; HealthTürkiye, 2025). In this way, HealthTürkiye aims to establish a reliable digital ecosystem where foreign patients can comprehensively plan and monitor their healthcare journey in Türkiye.

The HealthTürkiye brand is not merely a promotional initiative, but a comprehensive strategic program supported by the Ministry of Health of the Republic of Türkiye and operated by its affiliated public company, USHAŞ (USHAŞ, 2025). Positioned as the sole official representative of Türkiye's international health system, this brand has been the subject of limited academic studies. Koç (2025) considers HealthTürkiye a case study that contributes to Türkiye's nation brand value in the health sector and effectively utilizes information systems, emphasizing that it helps position Türkiye as a reliable health tourism destination with its digitalized and efficient service approach. Various studies emphasize that public policies aimed at developing health tourism and investments based on public-private partnerships strengthen the country's competitive advantage and provide significant contributions to the economy (Pourkhaghan et al., 2013:133; Doğan & Aslan, 2019:391). However, there is a noticeable lack

of studies examining how the HealthTürkiye portal has evolved beyond being a mere promotional tool into a regulatory digital governance, performance monitoring, and quality assurance mechanism for healthcare facilities and intermediary institutions authorized in international health tourism.

In the current literature, the HealthTürkiye brand is mostly discussed in terms of nation branding, promotional strategies, and digital communication; there is no comprehensive analysis regarding the portal's legal framework, mandatory membership structure, performance criteria, and digital governance functions. With the new "Regulation on International Health Tourism and Tourist Health," which came into force on April 26, 2025, the HealthTürkiye portal has transformed from a promotional platform into a mandatory and performance-based monitoring mechanism for authorized healthcare facilities and intermediary institutions. There is currently no academic study that examines this significant shift within the integrity of legislation and practice. This research aims to fill that gap and is the first study to analyze the HealthTürkiye model within a holistic framework in the context of digital governance, quality assurance, performance monitoring, and institutional compliance processes.

The purpose of this article is to evaluate the position and importance of the HealthTürkiye portal and brand in Türkiye's international healthcare system in terms of legislation and implementation. In this context, the regulations introduced within the framework of the new regulation dated April 26, 2025, the portal membership process, and the performance monitoring mechanism will be examined; and the contributions of the HealthTürkiye brand in the fields of digitalization, quality standards, patient experience, and international promotion will be analyzed. Furthermore, the adaptation process of healthcare institutions to this new order and the effects of the digital transition will be discussed; a comparative perspective with previous regulations will be provided, and strengths and weaknesses will be debated. In the final section, recommendations will be presented to policymakers and practitioners in light of the findings.

## **2. Methodology**

This research is a review study based on a qualitative document analysis approach. The scope of the study comprises current legislation, institutional documents, and academic literature related to international health tourism in Türkiye. As the primary source, the "Regulation on International Health Tourism and Tourist Health," which was published in the Official Gazette and entered into force on April 26, 2025, along with its annexes, has been examined. These legislative documents have been analyzed in terms of revealing the legal basis of the

HealthTürkiye portal, as well as its membership and supervision conditions. Documents were selected using purposive sampling based on relevance, with keywords such as “HealthTürkiye,” “international health tourism,” and “portal,” limited to the period 2022–2025. The sources include national policy texts, Ministry of Health strategy documents, USHAŞ publications, and reliable news agencies. The unit of analysis consisted of thematic sections within these documents that directly address the legal, institutional, and operational aspects of the HealthTürkiye portal. Themes were inductively derived through descriptive thematic analysis, grouping codes under categories such as “legal framework,” “membership process,” and “performance monitoring.” Within the scope of the literature review, recent studies on HealthTürkiye and health tourism were examined. In addition, data on the components and promotional strategies of the HealthTürkiye portal were gathered through institutional publications and the official website of USHAŞ, as well as reliable news sources such as Anadolu Agency. The collected data were analyzed using descriptive analysis techniques; the provisions of the legislation and implementation data were interpreted to provide a comprehensive evaluation in line with the aim of the study.

### **3. Findings**

#### **The HealthTürkiye Portal and Membership Process Within the Scope of Legislation**

The regulation dated April 26, 2025, made membership in the HealthTürkiye portal mandatory for all healthcare facilities and intermediary institutions operating in the field of international health tourism (Official Gazette, 2025). According to the regulation, institutions wishing to operate with an international health tourism authorization certificate must submit a document proving their application for membership in the HealthTürkiye portal along with other application documents (Caner, 2025a: 1039). This provision demonstrates that integration into the portal begins at the initial stage and that the digital platform is an inseparable part of the authorization process. Indeed, the relevant article of the regulation states, “Healthcare facilities and intermediary institutions are required to become members of the Portal and to enter data completely, accurately, and up-to-date,” thereby making active participation in the portal a legal obligation for all authorized institutions. As a transition measure, institutions that obtained their authorization before the regulation’s effective date were granted a six-month adaptation period. It was announced that institutions failing to register by October 26, 2025, would have their certificates revoked. This warning highlights the critical importance of portal membership and the close monitoring of the compliance process.

The obligation to register on the portal is not limited to a one-time process but entails a continuous data submission and monitoring mechanism (Caner, 2025b). According to the

regulation, all data related to services provided under health tourism must be regularly entered into the portal, updated, and transferred to the central health data system as determined by the Ministry (Official Gazette, 2025). Thus, the portal serves as a central database collecting a wide range of information about foreign patients, including diagnosis/treatment, billing, discharge, and even remote health services. Through this data declaration and notification system, health tourism activities can be monitored transparently, allowing the public authority to conduct real-time audits and develop policies.

### Performance Criteria and Evaluation System

Another innovation introduced by the new regulation is the implementation of performance criteria and an evaluation system. Healthcare facilities and intermediary institutions will be evaluated at least once a year by USHAŞ based on five main performance criteria defined in Annex-2 of the regulation (Regulation on International Health Tourism and Tourist Health, Article 9 and Annex-2). These criteria and their target values are summarized as follows:

**Table 1. Performance Criteria for Authorized Institutions in International Health Tourism**

<b>Criterion</b>	<b>Measurement Method</b>	<b>Sufficient Performance</b>	<b>Partially Sufficient Performance</b>	<b>Insufficient Performance</b>	<b>Purpose</b>
<b>Patient Satisfaction</b>	Centrally conducted surveys by USHAŞ; institutions must analyze results twice a year	≥ 85% satisfaction	75%–85% satisfaction	< 75% satisfaction	Monitor patient experience and improve service quality
<b>Response Time to Requests</b>	Average annual rate of responses within 48 hours via portal or call center	≥ 90% response rate	80%–90% response rate	< 80% response rate	Ensure rapid handling of patient requests
<b>Appointment Waiting Time</b>	Ratio of patients receiving appointments within one month	> 90% of patients	80%–90% of patients	< 80% of patients	Reduce wait times and ensure timely access to care
<b>Complaint Rate</b>	Ratio of complaints received via portal/call center to total patient volume	< 3% complaint rate	3%–5% complaint rate	> 5% complaint rate	Identify dissatisfaction trends and improve accountability
<b>Financial Performance</b>	Annual change in health tourism revenue	≥ 20% increase	1%–20% increase	No increase or decrease	Promote sustainability and growth in the sector

Criterion	Measurement Method	Sufficient Performance	Partially Sufficient Performance	Insufficient Performance	Purpose
-----------	--------------------	------------------------	----------------------------------	--------------------------	---------

**Note.** Created by the author based on the *Regulation on International Health Tourism and Tourist Health* (Article 9 and Annex-2).

This table presents the performance evaluation criteria applied to healthcare institutions and intermediary agencies authorized in international health tourism. Each criterion includes clearly defined thresholds for sufficient, partially sufficient, and insufficient performance, forming the basis for USHAŞ’s annual institutional audits. The evaluation aims to ensure service quality, responsiveness, and sectoral sustainability in alignment with national health tourism policy goals.

USHAŞ will rate institutions as “sufficient,” “partially sufficient,” or “insufficient” based on each criterion and will notify relevant parties of the overall performance evaluation via the portal. Institutions found insufficient in any criterion or partially sufficient in several areas will be subject to a follow-up assessment after three months; if no improvement is observed, their authorization certificate may be temporarily suspended. For example, a facility rated “insufficient” will be re-evaluated three months after the initial finding; if no progress is made, the certificate will be suspended for six months. If sufficient performance is not achieved in the second review either, the certificate will be revoked. These sanctions demonstrate the binding nature and seriousness of the performance criteria continuously monitored through the portal. In summary, the new regulation mandates portal membership and data reporting while also transforming the HealthTürkiye portal into a tool for oversight and feedback. All authorized institutions are monitored in real time by the Ministry and USHAŞ through the portal; service quality and patient satisfaction are measured with concrete data to ensure international standards are maintained.

### **Functional Components and Contributions of the HealthTürkiye Brand**

The HealthTürkiye brand brings together a range of functional components to enhance service delivery for international patients and increase Türkiye’s institutional visibility in health tourism (USHAŞ, 2025). These components both improve the experience of foreign patients and ensure that healthcare institutions align around specific standards. The main components and functions of the HealthTürkiye brand can be summarized as follows:

- **HealthTürkiye Web Portal:** This is the official digital gateway to Türkiye’s international health system. It brings together international patients and authorized healthcare providers in Türkiye on a single platform, enabling patients to plan their healthcare journey with an end-to-end tracking system. Patients can view and compare treatment offers from various providers, select the most suitable treatment program online, and book appointments at the best price by checking costs (USHAŞ, 2025). The portal thus serves as a one-stop service point for health tourists. As an official platform established with the support of the Ministry and USHAŞ, it provides a reliable source of information for international patients (USHAŞ, 2025).
- **International Patient Call Center:** Operating under HealthTürkiye, the call center provides services 24/7 in six languages (English, Arabic, Russian, French, Persian, German) (USHAŞ, 2025). This center, accessible at all times for patients seeking treatment abroad, directs inquiries to appropriate healthcare providers, offers information, and provides interpretation support when needed. The call center is integrated with portal operations; in addition to answering questions, it collects complaints and feedback, which are recorded in the system. These insights are shared with relevant institutions and authorities, allowing for comprehensive evaluation of service quality (USHAŞ, 2025). The HealthTürkiye web portal is a one-stop

digital point where patients can select hospitals and treatments, calculate costs, and manage the entire process, including accommodation and transfers (Koç, 2025:225). It is supported by a multilingual 24/7 call center and a patient satisfaction system.

- **Patient Satisfaction Surveys:** At the core of the HealthTürkiye brand is the experience of foreign patients choosing Türkiye. In this context, a standardized satisfaction survey is provided to international patients after their treatment process is completed. The results are carefully analyzed, and each comment and feedback is taken seriously. The data is regularly reported to healthcare institutions to identify areas for improvement, while general trends are evaluated by USHAŞ on a sectoral basis. This survey system is integrated with the patient satisfaction criterion in Annex-2 and is one of the key components of quality assurance. Monitoring patient expectations and satisfaction closely highlights the value given to foreign patients as “guests” and differentiates Türkiye’s service approach.
- **USHAŞ Academy:** One of the long-term strategies of the HealthTürkiye brand is to develop human resources within the health tourism ecosystem. USHAŞ Academy, established under USHAŞ, aims to be Türkiye’s academic face with international healthcare training programs. Through the academy, health professionals from various countries are introduced to Türkiye’s modern healthcare infrastructure and experts; tailored training programs are organized for foreign healthcare personnel (USHAŞ, 2025). This initiative allows Türkiye to share its experience and expertise globally while enhancing the international recognition and reputation of the HealthTürkiye brand. USHAŞ Academy also contributes to the training of health tourism professionals, indirectly improving service quality across the sector.
- **International Promotion and Cooperation Activities:** Under the HealthTürkiye brand, USHAŞ carries out various promotional and networking activities both domestically and abroad. International health business forums are organized to bring together health tourism stakeholders and foster new partnerships. For instance, USHAŞ has held health business forums with countries such as Uzbekistan, the United Kingdom, Azerbaijan, and Pakistan (USHAŞ, 2025). Moreover, participation in international fairs and congresses promotes Türkiye’s healthcare capacity and the HealthTürkiye portal. Thanks to promotional campaigns coordinated with the Ministry of Culture and Tourism, the HealthTürkiye brand has become a symbol of Türkiye’s national branding efforts in health tourism. Indeed, the initiative is presented as an example of “creating a national brand value in health” among the public diplomacy efforts coordinated by the Directorate of Communications (Koç, 2025:225). Koç’s (2025) study emphasizes that the digital and integrated structure of the HealthTürkiye platform showcases Türkiye’s healthcare capacity globally and contributes to the country’s image by presenting modern health services under one roof.

The components outlined above show that the HealthTürkiye brand has a multidimensional structure. While the portal and call center focus on direct patient communication and experience, the survey system offers a feedback and quality improvement mechanism; USHAŞ Academy contributes to human resource development, and international activities serve national promotion. When evaluated together, it is clear that HealthTürkiye is not merely a website, but a comprehensive strategic program aimed at strengthening Türkiye’s international healthcare system. This program facilitates service delivery through digital technologies, while also raising standards and enhancing competitiveness through global marketing. In the next section, the effects of the HealthTürkiye initiative will be discussed in light of these findings; the new regulation will be compared with the previous framework, and strengths and weaknesses will be evaluated

#### **4. Discussion**

HealthTürkiye is a state supported digital branding model in health tourism. Türkiye is among the first countries to institutionalize such a model. This model both facilitates the patient experience and offers service providing facilities an objective supervision mechanism.

It was previously asserted that a health tourism portal would play a key role in Türkiye's branding and international outreach in this sector (Çolakoğlu & Caner, 2021:23). Today, the HealthTürkiye portal is actively used, and portal registration has been made mandatory. Obligations such as regulatory compliance, data reporting and performance measurement reflect the application of digital public administration principles in the health sector. Nevertheless, especially for private health facilities having only 6 months to adapt the portal may give rise to technical and administrative difficulties in practice.

The HealthTürkiye portal and brand represent a concrete manifestation of Türkiye's strategy to unify its health tourism sector under a single umbrella and digital transformation strategy. The findings show that the new regulation and portal application work in an integrated way, bringing various advantages to Türkiye's international health system. Yet this transformation also brings certain challenges and topics for discussion. This section examines the strengths and potential problems of the HealthTürkiye initiative in a comparative view.

##### **Evaluation in terms of Digitalisation and Transparency**

The mandatory nature of the HealthTürkiye portal and its role as a central database have strengthened digitalisation and transparency in the health tourism sector. The digital infrastructure based on the portal has made operations at health facilities measurable and auditable (Caner, 2025b). While the earlier regulation of 13 July 2017 also envisaged that health tourism patients' records would be entered into the Ministry's web based system, it remained general and an effective monitoring system could not be formed in practice. The 2025 regulation, however, has detailed the data reporting processes, explicitly obliging periodic reporting of data such as patient numbers, revenues, country information, etc. (Official Gazette, 2017; Official Gazette, 2025).

Moreover, through annual inspections and integration with the HealthTürkiye portal, real time reporting of all data has enabled tighter oversight of the sector, which constitutes a significant step toward the legislative principles of transparency and accountability.

Caner (2025b) details the functions of units within health facilities under the updated regulation. A responsible staff member is assigned for each international patient and this information is recorded in the HealthTürkiye portal. This digital integration represents an important innovation in data accuracy, traceability and transparency. Portal based monitoring has allowed for the establishment, for the first

time in Türkiye's health tourism sector, of a performance based evaluation system grounded in real data. Since indicators such as patient satisfaction, waiting times, complaints and financial performance are tracked with concrete metrics, a quality based competition among service providers is expected. Koç (2025) notes that the adoption of information and communication technologies raises national brand value, and that HealthTürkiye strengthens Türkiye's global position in health by emphasising digitalised and efficient services. This finding suggests that the portal centred model positively reflects on the country's image. Indeed, the fact that international patients can access quality services via an official digital platform and know that the process will be monitored can make Türkiye a trustworthy health destination.

**Impact on Quality Standards and Patient Experience** Another strength of the HealthTürkiye initiative lies in its effect on raising service quality standards and improving the patient experience. The new regulation mandates that healthcare facilities obtain accreditation from TÜSKA (Türkiye Institute for Quality and Accreditation in Healthcare) or certification from the Ministry of Health, thereby reinforcing certification standards. According to Article 6(b) of the Regulation, hospitals, medical centers, clinical laboratories, and dialysis centers must be accredited by TÜSKA, while other healthcare facilities are required to obtain certification issued by the Ministry. Pursuant to Provisional Article 1(3), existing healthcare institutions are obliged to fulfill this requirement by December 31, 2026 (Official Gazette, 2025). It also requires that in each authorized health facility there be personnel who speak a foreign language, interpretation services provided, and at least one active foreign language website. Whereas the 2017 regulation required employment of two foreign language speaking staff, the 2025 regulation institutionalises multilingual communication infrastructure (Official Gazette, 2017; Official Gazette, 2025). This change not only allows foreign patients to receive services without a language barrier, but also encourages institutions to adopt a more professional approach to international patient communication.

Several internationally recognized accreditation programs are widely used around the world, such as Joint Commission International (JCI), Accreditation Canada (Qmentum Global™), the Australian Council on Healthcare Standards International (ACHSI), QHA Trent, and TEMOS International among others. These organizations have developed comprehensive sets of standards and audit mechanisms covering areas such as patient safety, clinical quality, governance processes, risk management, and patient experience (Güdük and Kılıç, 2017: 103; Caner, 2025d). However, the Regulation on International Health Tourism and Tourist Health stipulates that hospitals, medical centers, laboratories, and dialysis centers must be accredited by TÜSKA, while other healthcare facilities are required to obtain a certificate issued by the Ministry of Health. Furthermore, all healthcare institutions are obligated to publish their accreditation or certification on their official

websites (Official Gazette, 2025, Articles 6 and 13).

The mandatory nature of patient satisfaction surveys and complaint tracking via the portal reflect a management approach that places the patient experience at the centre. Feedback is received and evaluated from each foreign patient, allowing for deficiencies in service processes to be identified and remedial action taken. For example, if survey results show dissatisfaction at a given hospital among foreign patients, this will be monitored by USHAŞ and the Ministry and the institution will receive the necessary warning. This mechanism places health services providers in a continuous improvement loop, creating a quality focused competitive environment. The regulation provides that institutions with low satisfaction or high complaint rates will first be warned and if no improvement occurs, their activities may be temporarily suspended. This sanctioning power ensures that quality standards do not remain only on paper but are implemented in daily practice.

The integration of the HealthTürkiye portal and call centre also enhances the patient experience holistically. Patients who need real time support while using the portal can reach the 24/7 call centre and receive professional guidance at every stage before or after treatment (USHAŞ, 2025). This is a critical support mechanism that alleviates the uncertainty and concerns an international patient might face when obtaining health services in a foreign country. The combined delivery of healthcare services and communication/consultation services is a factor that increases patient satisfaction. Moreover, the portal's provision of price comparison options and transparent display of treatment packages can increase price and service transparency across the sector (Anadolu Ajansı, 2022). For patients, this is an innovation that prevents unexpected cost surprises and supports informed decision making.

#### International Promotion and Competitiveness

A further strategic benefit of the HealthTürkiye brand is that it increases Türkiye's international visibility and competitiveness by unifying its promotion under a single brand. Previously, hospitals and intermediary agencies in Türkiye attempted marketing and partnerships abroad individually, which could result in a fragmented image and differences in standards. Now, under a single umbrella brand supported by the Ministry of Health, all stakeholders reach the world with a consistent message. It has been decided that all advertising and promotional activities will include the HealthTürkiye brand (Anadolu Ajansı, 2022), thus Türkiye's health tourism capacity is represented globally with a coherent identity.

This approach is similar to the use of the "GoTürkiye" brand in tourism by the Ministry of Culture and Tourism (Anadolu Ajansı, 2022; GoTürkiye, 2025). The integration of the HealthTürkiye portal with GoTürkiye indicates that health tourism is included within the country's general tourism promotion strategy. When compared with competing destinations, Türkiye's model exhibits both similarities and radical structural differences. For instance, Malaysia and Singapore have successfully

utilized national agencies like the Malaysia Healthcare Travel Council (MHTC) and "Singapore Medicine" to create strong regional brands; however, these models often rely on voluntary participation and public-private partnerships for promotion (Wong et al., 2014). In contrast, Türkiye's model via HealthTürkiye is quite comprehensive and distinct by its mandatory participation. In a sense, it is a model led by public authority. Koç (2025), evaluating the HealthTürkiye initiative within the framework of national brand building, points out that the platform has brought Türkiye's health service quality and capacity to a global showcase, emphasising modern facilities, expert doctors, cost effective treatments, and advanced technologies. Indeed, when one examines the HealthTürkiye portal, it is clear that profiles of reputable hospitals, clinics, and intermediary institutions in Türkiye are presented together as a strong showcase. This is important for gaining the trust of international patients and reducing marketing costs.

The Republic of Türkiye officially references the institutions listed in the HealthTürkiye portal when delivering health services to foreign patients worldwide. This enhances the perceived trustworthiness of the registered institutions and provides a facilitating framework for visa, travel and treatment processes.

However, when considering branding, an issue worthy of attention is the portal's sustainable currency and user friendliness. Digital platforms can fail to achieve the intended effect if user experience is weak or information is not kept up to date. Hence, it is clear that the HealthTürkiye portal needs continuous maintenance and updates. Content must be presented clearly, the data of hospitals must be regularly renewed, and interface improvements should be made in line with user feedback. Also, for success in international competition, the privileges offered via the portal (for example health visa facilitation, travel and accommodation arrangements) must be implemented effectively. When a foreign patient chooses HealthTürkiye, they must truly receive guidance in visa processes, and flight and transfer arrangements must be handled seamlessly so that trust in the brand increases.

#### Institutional Compliance and Effects of Digital Transition

The HealthTürkiye portal and the new regulation have placed significant institutional transformation pressure on health organisations. All health facilities holding authorisation certificates hospitals, medical centres, outpatient clinics, practices as well as intermediary agencies are required to align their operations with the new rules. In this context, preparation has been made for technical infrastructure for portal membership and data entry, integration of information management systems with the Ministry's systems, etc. Large scale hospitals with high international patient traffic may adapt more easily, while smaller institutions with fewer foreign patients or limited infrastructure may find the adaptation process challenging. Especially intermediary agencies may encounter difficulties initially with building call centre infrastructure or instant data reporting requirements. The regulation

offers some flexibility by requiring agencies without their own call centre to provide a contracting arrangement; however in any case a degree of investment and restructuring is necessary.

Caner (2025c: 455) emphasises the regulatory and supervisory role of Provincial Health Directorates in health tourism. These directorates oversee the conduct of international health tourism activities in compliance with the legislation, verify that an international health tourism unit exists in the facility with staff competent in foreign languages, check notifications via the EKİP system, ensure assignment of a responsible personnel to each patient, and verify that all information is completely recorded in the HealthTürkiye portal. This structure is said to increase service quality and process traceability.

Another dimension of the institutional compliance process is the sanctions for non compliance. The regulation provides for severe consequences up to revocation of authorisation for institutions not registering to the portal or continuously low performing in performance criteria. This has pushed health facilities to take serious steps to comply with the new system. Many hospitals restructured their foreign patient units in the second half of 2025, appointed coordinators fluent in foreign languages, and assigned staff responsible for data entry to the HealthTürkiye portal. Although this transformation increases operational burden and cost in the short term, it can be regarded as an investment yielding efficiency and quality gains in the medium to long term. Indeed, regular analysis of survey and call centre data allows institutions to identify their weaknesses and take corrective action. Also, institutions gaining global visibility via the portal may directly attract foreign patients and obtain marketing benefits. From this perspective, institutions adapting to the digital transition may gain competitive advantage.

The new regulation's provisions have also generated debate. Particularly the Turkish Medical Association (TTB) has challenged certain articles of the regulation, filing for suspension and annulment. One point of objection is the limitation on treatment of patients based on citizenship status: the regulation stipulates that only institutions with international health tourism authorisation certificates may accept foreign patients, which TTB argues restricts physicians' professional activity based on the patient's nationality. TTB (2025) also criticizes the requirement to transfer sensitive health data of foreign patients to the central system without anonymisation, saying this contradicts the Law on the Protection of Personal Data No. 6698, which mandates that data processing must be purpose linked, limited, and proportionate. These critiques point to practical areas of caution in the HealthTürkiye portal model. Data security and patient confidentiality are among the most critical matters that come with digitalisation. Therefore, the portal's technical infrastructure must be supported by cybersecurity measures, access restrictions implemented such that only necessary persons view data, and international standards adhered to regarding patient consent and prohibition of sharing personal identity data beyond anonymised aggregations.

Türkiye's vision of becoming a global health tourism hub via the HealthTürkiye brand must be supported not only by service quality but also by a qualified human resource base. The study by Çalışkan, Sevim & Tuncer (2024: 267) highlights that in this context secondary education level health tourism training remains largely limited to elective courses, indicating deficiencies in the education domain. As stated in the 12th Development Plan, the sustainability of the HealthTürkiye brand will be possible only with early guidance in education, sectoral awareness and a curriculum supported by mandatory courses.

In summary, the HealthTürkiye portal and brand are significant initiatives with the potential to elevate Türkiye's international health system standing. If applied correctly, they will increase the country's reputation and market share in health tourism by offering foreign patients a quality and reliable experience. However, for this to succeed, the digital platform must remain trustworthy, user friendly and open to continuous improvement; concerns about data privacy must be resolved for acceptance by both health tourists and professionals. All stakeholders in the health tourism ecosystem must collaborate toward a common objective and seek solutions together to the challenges encountered, for the sustainable success of the HealthTürkiye brand to be possible.

## 5. Conclusion and Recommendations

This study has comprehensively examined the strategic role of the HealthTürkiye portal and brand in Türkiye's international health system, based on new legislative regulations and implementation components. Based on the findings and discussions, the following conclusions can be drawn: the HealthTürkiye brand and portal have become Türkiye's international showcase and coordination platform in the field of health tourism. With the new regulation, mandatory portal membership and performance monitoring offer a robust mechanism for enhancing and standardizing service quality across health institutions. Through the portal and its associated components, the aim is to deliver an integrated and reliable service experience aligned with the expectations of the digital age for international patients. The HealthTürkiye brand has consolidated Türkiye's health tourism vision under a single umbrella, strengthening its international promotional power and enabling data-driven policy-making through digitalization. However, it is clear that the success of this transformation depends on careful management of data security, system compatibility, and stakeholder coordination.

Based on these conclusions, the following recommendations are made for policymakers and practitioners:

- **For Policymakers:** Continuous support and improvement are essential for the sustainable success of the HealthTürkiye portal. The portal's technical infrastructure should be regularly updated, and its capacity expanded to accommodate increasing user demand. Legal regulations should be established in line with international standards on data security and patient privacy; the

confidentiality and anonymity of data collected through the portal must be guaranteed. Feedback from professional associations and healthcare institutions should be taken into account, and regulatory improvements should be made to the performance criteria and portal operations when necessary. For instance, the objectivity of patient satisfaction surveys or the fairness of financial performance criteria should be periodically assessed. Furthermore, to globally promote the portal, international trade fairs, digital advertising campaigns, and diplomatic channels should be utilized, and awareness of the HealthTürkiye brand in target markets should be increased. Finally, through educational initiatives like USHAŞ Academy, the human resource capacity of the health tourism sector should be developed, and the training of qualified personnel capable of adapting to the innovations brought by the portal should be supported.

- **For Practitioners (Healthcare and Intermediary Institutions):** To be successful within the HealthTürkiye system, it is critically important that institutions invest in digital infrastructure and human resources. Healthcare facilities should strengthen their internal information systems to ensure integration with the HealthTürkiye portal, and internal processes should be optimized to ensure accurate and timely data entry. International health tourism units should be supported with staff who are fluent in various languages and possess intercultural communication skills. Continuous training programs should be organized to improve patient satisfaction, and personnel should be specialized in international patient relations. Institutions can enhance their corporate reputation by responding to patient requests received via the portal as promptly as possible (aiming to meet the 48-hour rule). They should also closely monitor the data from satisfaction surveys and complaint notifications to support their internal quality improvement programs. To remain competitive in the health tourism market, it is also important to effectively utilize the global visibility provided by the HealthTürkiye brand. Institutions should keep their profiles and content on the portal up to date, highlight their treatment packages and success stories, and make themselves appealing to prospective patients. Lastly, all activities should comply with ethical and legal standards; for example, misleading promises should be avoided in promotional content, and full compliance with portal regulations should be ensured. In doing so, every institution within the HealthTürkiye ecosystem will contribute not only to its own success but also to enhancing Türkiye's overall image in health tourism.

In conclusion, the HealthTürkiye portal and brand represent an ambitious and innovative move that raises the bar for health tourism in Türkiye. Supported by a regulatory framework, this initiative has the potential to elevate Türkiye to a higher tier in the international health market if implemented correctly and embraced by all stakeholders. The analysis and recommendations presented in this article aim to highlight both the strengths and areas for improvement of the HealthTürkiye initiative.

Future studies should focus on the concrete outputs of the HealthTürkiye portal (increase in the number of foreign patients, changes in satisfaction scores, economic returns, etc.) and evaluate the effectiveness of this strategy with quantitative data. However, it is already apparent that the HealthTürkiye brand has been designed to play a central role in Türkiye's vision of becoming a “global star of health.” Realizing this vision is possible through the coordinated efforts of the public and private sectors. All stakeholders in the medical tourism ecosystem have the opportunity to come together under the HealthTürkiye umbrella and create a shared story of quality, trust, and success.

## References

- Anadolu Ajansı. (2022, November 1). Türkiye’s health tourism crowned with the “HealthTürkiye” umbrella brand [News]. Retrieved November 15, 2025, from <https://www.aa.com.tr/tr/ekonomi/turkiyenin-saglik-turizmi-healthturkiye-cati-markasi-ile-taclandi/2726141>
- Bulut, A., & Şengül, H. (2019). Health tourism in the world and Türkiye. *Journal of Management, Economics and Marketing Research*, 3(1), 45–62. <https://doi.org/10.29226/TR1001.2019.104>
- Caner, Ş. (2025a). Authorization certificates in international health tourism and their regulatory role in Türkiye. In *2nd International Health Sciences Congress in the 21st Century: Congress Proceedings Book* (pp. 1039–1040). <https://doi.org/10.30546/19023.978-9952-8605-5-9.2025.0347>
- Caner, Ş. (2025b). The role, responsibilities, and operational standards of international health tourism units in healthcare facilities: An analysis within current legislation. In *2nd International Health Sciences Congress in the 21st Century: Congress Proceedings Book* (pp. 884–892). <https://doi.org/10.30546/19023.978-9952-8605-5-9.2025.0347>
- Caner, Ş. (2025c). The role and importance of Provincial Health Directorates in health tourism within the framework of current legislation and practice. In *2nd International Health Sciences Congress in the 21st Century: Congress Proceedings Book* (pp. 451–459). <https://doi.org/10.30546/19023.978-9952-8605-5-9.2025.0347>
- Caner, Ş. (2025d). Sağlık turizmi sektöründe faaliyet gösteren kurumların sağlık turizmi destekleri farkındalık düzeyinin incelenmesi [Doctoral dissertation, Alanya Alaaddin Keykubat University].
- Çalışkan, S., Sevim, B., & Tuncer, K. (2024). Health tourism training: A study on secondary education. *International Journal of Health Management and Tourism*, 9(3), 267–284.
- Çolakoğlu, O. E., & Caner, Ş. (2021). Medical tourism. In A. Bostan, A. Arslan, & A. Coşkun (Eds.), *New Hope in Tourism: Health Tourism* (pp. 1–29). Detay Yayıncılık.
- Doğan, B. B., & Aslan, A. (2019). The current state of health tourism in Türkiye and its contribution to the national economy. *Dicle University Journal of Economics and Administrative Sciences*, 9(18), 391–420.
- GoTürkiye. (2025). Retrieved November 15, 2025, from <https://goturkiye.com/>
- Güdük, Ö., & Kılıç, C. H. (2017). Health care accreditation and its development in Türkiye. *Düzce University Journal of Health Sciences Institute*, 7(2), 102–107.
- HealthTürkiye. (2025). Official web portal of Türkiye’s international health tourism brand. Retrieved November 15, 2025, from <https://www.healthturkiye.com/homepage>
- International Health Services Inc. (USHAŞ). (2025). Components of the HealthTürkiye brand. Retrieved November 15, 2025, from <https://www.ushas.com.tr/healthturkiye/>
- Jagyasi, P. (2010). Medical tourism: Research & survey report. ExHealth. <https://books.google.com.tr/books?id=rZXGdIpIqUIC>
- Koç, H. (2025). Health as a nation brand value and the importance of information systems in the brand value of health: A case study of Türkiye’s HealthTürkiye initiative. In O. Güner (Ed.), *Türkiye’s Public Diplomacy Ecosystem: A Reflection on Evolving Practices* (pp. 225–238). Palgrave Macmillan. [https://doi.org/10.1007/978-3-031-81916-2\\_14](https://doi.org/10.1007/978-3-031-81916-2_14)
- Lee, C., & Spisto, M. (2007). Medical tourism: The future of health services. *Alternatives*.

<http://www.bm.nsysu.edu.tw/tutorial/iylu/12th%20ICIT/07-07.pdf>

- Mumcu, B., & Çapar, H. (2024). An analysis of collection and accrual rates of a public hospital: Evidence from health tourism and solution suggestions. *Bingöl University Journal of Social Sciences Institute*, (27), 281–294. <https://doi.org/10.29029/busbed.1397778>
- Official Gazette. (2017, July 7). Regulation on International Health Tourism and Tourist Health (No. 30123). Republic of Türkiye Official Gazette. <https://www.resmigazete.gov.tr>
- Official Gazette. (2025, April 26). Regulation on International Health Tourism and Tourist Health (No. 32882). Republic of Türkiye Official Gazette. <https://www.resmigazete.gov.tr>
- Pourkhaghan, Z., Faez, S., Purkhaghan, S., & Ghahrieh, S. (2013). Interaction of economic indicators and medical tourism industry. *International Journal of Travel Medicine and Global Health*, 1, 133–139.
- Republic of Türkiye Ministry of Culture and Tourism. (2025). Retrieved November 15, 2025, from <https://www.ktb.gov.tr>
- Republic of Türkiye Ministry of Health. (2025). Retrieved November 15, 2025, from <https://www.saglik.gov.tr>
- Tengilimoğlu, D. (2021). Health tourism and government incentives. *Journal of Life Economics*, 8(1), 1–10. <https://doi.org/10.15637/jlecon.8.1.01>
- Tontuş, H. (2015). Health tourism in all aspects (1st ed.). Republic of Türkiye Ministry of Health Publications.
- TURKSTAT. (2025). Türkiye Statistical Institute. Retrieved November 15, 2025, from <https://www.tuik.gov.tr>
- Turkish Medical Association. (2025, July 18). Legal statement on the Regulation on International Health Tourism and Tourist Health, which TTB has challenged by filing for annulment [Press release]. Retrieved November 15, 2025, from [https://www.ttb.org.tr/haber\\_goster.php?Guid=10e8b41c-6412-11f0-a88d-d2bb32c95a65](https://www.ttb.org.tr/haber_goster.php?Guid=10e8b41c-6412-11f0-a88d-d2bb32c95a65)
- Wong, K. M., Velasamy, P., & Tengku Arshad, T. N. (2014). Medical tourism destination SWOT analysis: A case study of Malaysia, Thailand, Singapore and India. *SHS Web of Conferences*, 12, 1–6. <https://doi.org/10.1051/shsconf/20141201037>

#### **Declaration of Research and Publication Ethics**

This study does not require ethics committee approval and/or legal/private authorization is compatible with research and publication ethics.

#### **Researcher's Contribution Rate Declaration**

The authors declare that they have contributed equally to the article.

#### **Researcher's Conflict of Interest Declaration**

There are no potential conflicts of interest in this study