Commentary



The Imact of COVID-19 on the ractice of medicalTourism in Cambodia

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DESCRIPTION

An important public health issue is improving the value of the medical tourism healthcare system. However, there hasn't been much discourse on what may be learned from COVID-19's effects on medical tourism. This study aims to analyses the problems and obstacles that patients who cannot travel for medical treatment endure as well as the medical care received at a private general hospital in Cambodia's capital. This experience highlighted the necessity of enticing patients who were unable to travel for medical care to use domestic healthcare facilities, working to share patient data internationally and investing in the growth of each department in domestic hospitals. There is an urgent need for assistance for people who are unable to travel for medical treatment.

Some medical tourism consumers had difficulty accessing domestic medical treatments when they were unable to travel overseas due to the epidemic. In Cambodia's case, during the COVID-19 pandemic, some patients whose medical travel was prevented by COVID-19 did not visit a local medical facility for more than a year; others bought over-the-counter medications in Cambodia without going to clinics or hospitals, which made their pre-existing problems worse. Additionally, the practice of medical tourism will be abandoned due to its high cost as well as the possibility of pandemics like COVID-19. According to a recent study, the Maldives, an LMIC patient exporting country, 43% of its medical tourists were required to take on harmful household responsibilities.

Similar phenomena might occur in Cambodia given that medical tourism from Cambodia includes an element of escape from domestic healthcare. This suggests that even after the pandemic ends and things resume their regular course, some patients will have to abandon their medical travel plans in the middle. The establishment of a system that enables such patients to quickly obtain information about appropriate domestic medical facilities is necessary for them to be able to visit domestic hospitals and clinics. Additionally, people must be educated on the importance of treatment continuity and international hospital collaboration. Even if patients obtained treatment at the country's hospitals as a consequence of the suspension of medical tourism, transferring patient medical information between domestic and foreign medical institutions was difficult. To maintain the continuity of care in medical tourism, it was stated in a prior study how important it is for family physicians and abroad treatment facilities to share information.

The issue with medical tourism is that relying heavily on foreign medical resources may impede the growth of healthcare workers, infrastructure, and other surroundings in the country of origin. Although SJH had a neurosurgery section, many patients with brain tumors had left the country prior to the COVID-19 epidemic; however, during the pandemic, the majority of the patients arrived at the capital hospital.

Numerous patients are impacted by the decline of medical tourism in this COVID-19 period. Medical tourism has developed into a Band-Aid solution that has averted the evident problem of providing medical treatment to people in their own nation as a lifeline in Cambodia, where it is still an issue. Cambodia has been obliged to deal with this issue because medical tourism is no longer practical due to the COVID-19 pandemic. This experience highlighted the necessity of enticing patients who were unable to travel for medical care to use domestic healthcare facilities, working to share patient data internationally, and investing in the growth of each department in domestic hospitals.

There is an urgent need for assistance for people who are unable to travel for medical treatment. Furthermore, medical tourism for financial gain may have a detrimental effect on the sustainability of healthcare, thus it needs to be re-evaluated.

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