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LEGISLATIVE PERSPECTIVES AND SOCIOMEDICAL IMPLICATIONS OF MEDICAL TOURISM IN EUROPE: A COMPREHENSIVE REVIEW

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Abstract. This research aims to intricately dissect the legal frameworks governing medical tourism in Europe, compare regulatory experiences across different countries, and highlight the legal nuances within the broader sociological and anthropological context. In the article, a multi-faceted methodology is employed to analyze legal aspects of medical tourism in European countries, focusing on the evolution, regulatory frameworks, and economic dynamics of the industry. This approach includes a comparative statistical analysis of national and EU regulation, historical perspectives, and legal hermeneutics to interpret laws affecting both domestic and foreign patients in the realm of medical tourism. The main research results are the clarification of the historical aspect of the development of medical tourism in the world, the distinction of its specific categories, and the provision of statistics regarding what specific types of medical care people migrate for. The way in which medical tourism is regulated in such European countries as Poland, Germany and France is explored. The research results can be used by lawyers, sociologists, and legislators to improve the effectiveness of legislation in regard to domestic and foreign medical tourism in the studied countries.

Keywords: migration, treatment, rehabilitation, foreign medical services, medical care.

Introduction

Medical tourism (or travel medicine) involves traveling to another country to receive medical treatment. This is usually done to take advantage of more affordable medical care or to gain access to specialized medical procedures that may not be available in the individual's country of citizenship. This type of tourism can include a wide range of procedures, from routine surgeries such as plastic surgery and dentistry to more complex procedures such as cancer therapy and organ transplants. This phenomenon is often driven by various factors, including the availability of advanced medical technologies, lower costs for certain procedures in other countries, shorter waiting times for treatments, and the opportunity for patients to combine medical care with leisure and tourism activities. Medical tourists may seek a wide range of services, such as elective procedures, complex specialized surgeries, dental care, and fertility treatments. The decision to engage in medical tourism can be influenced by factors such as the quality of care, cost savings, access to particular treatments or procedures not available in the patient's home country, or the perception of higher-quality care abroad (Rolfe et al., 2023).

One of the main drivers of medical tourism is the significant cost savings that can be achieved by seeking medical care in a foreign country. In addition, some countries have a higher concentration of medical knowledge in certain areas. However, there are also risks associated with medical tourism: patients may be unfamiliar with the healthcare system in a foreign country and may not speak the local language. There are

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also concerns about the quality of medical care and the qualifications of medical professionals providing treatment (Wilson, 2023).

It is possible to study this issue in more detail by analyzing the works of other authors and scholars in this area. Authors such as T. Bagga et al. (2020) have studied medical tourism as a non-traditional type of tourism that has developed as a result of globalization and the concept of open borders in some countries. Following several scholars, the main purpose of medical migration is the desire for treatment, rehabilitation, surgery and other medical measures that cannot be obtained in the country of citizenship or where the price for such services is high. It is also pointed out that Thailand, Malaysia and India are among the most commonly visited countries for medical tourism.

T. Ghosh and S. Mandal (2019) studied medical tourism as a new and rapidly developing phenomenon. They proposed a certain concept according to which a person can choose a country for migration to receive medical services. This concept includes several main dimensions: the quality of medical services, cost, the infrastructure of the destination, the culture of the country, and the complexity of the route. These authors, similarly to the aforementioned, also focused on medical tourism in Asia and Latin America.

H. Beladi et al. (2019) considered medical tourism as a factor in the economic development of countries. The authors also studied the impact of migration for medical purposes on the change of economic sectors in both Asia and Europe and concluded that it had a generally positive impact on this area. It was also noted that medical tourism is a useful practice not only for those countries that receive migrants, but also for the countries of origin of such persons, where the benefit lies in the possibility of preserving the healthy gene pool of the state along with offsetting the negative effects of the lack of medical personnel and the limited provision of medical services.

J. E. Dalen and J. S. Alpert (2019) emphasized the statistical study of medical tourism. According to their research, in 2017 the number of medical tourists worldwide was approximately 15 million, and this number can grow by 15%–20% annually. They also pointed out the annual expenditures of medical tourists, which amounted to around 60 billion dollars in 2017.

The analysis of the abovementioned works allows us to conclude that most authors consider the clarification of the theoretical component of medical tourism, as well as migration for medical purposes to Asian countries, but many do not study the experience of European countries in receiving medical tourists and providing medical services, nor do they assess the legal framework and how it regulates the possibility of European citizens to receive medical services abroad. Therefore, it is important to focus on European medical tourism and its specific aspects.

The methodology for this article involves a multi-faceted approach. Primarily, the research adopts a comparative statistical method to analyze the legal aspects of medical tourism in various European countries, such as Poland, Germany, and France. These countries were chosen for analysis in this study because they are among the most representative countries in Europe in terms of the development and regulation of medical tourism, offering a comprehensive overview of diverse legal frameworks, healthcare standards, and medical tourism practices prevalent across the continent. This involves a brief examination of the legal frameworks in place, including national laws, EU regulation, and accreditation standards such as those provided by the Joint Commission International (De la Hoz-Correa et al., 2018; Central Statistical Office of the Republic of Poland, 2023; German Medical Tourism Association, 2023; French National Tourist Office, 2023). The study also considers the impact of international conventions and agreements on medical tourism.

The historical and systematic methods are employed to trace the evolution of medical tourism and its current state in the European context. This involves looking at the origins, growth, and types of medical tourism, such as planned surgery, specialized treatment, wellness tourism, and medical reproduction. The research also examines the economic prospects and functional features of medical tourism, including the motivations driving people to seek medical care abroad.

A legal hermeneutical approach helps to interpret and clarify the development and implications of laws and regulations governing medical tourism. This includes an analysis of how legal acts, both international and

national, regulate medical tourism and protect the rights of both domestic and foreign patients. This research aims to intricately dissect the legal frameworks governing medical tourism in Europe, compare the regulatory experiences across different countries, and highlight the legal nuances within the broader sociological and anthropological context.

1. The development and main types of medical tourism

Historically, the roots of medical tourism can be traced back to ancient times, when individuals would travel long distances to seek healing. This practice was common in civilizations such as ancient Greece and Rome, where people traveled to distant lands to visit healing temples, spas, and thermal waters believed to possess curative properties. In the Middle Ages, people often undertook pilgrimages to shrines and places known for their healing miracles. The tradition of traveling for health purposes evolved over the centuries, with spa towns and sanitariums emerging in Europe during the 18th and 19th centuries. These locations became popular among the aristocracy and affluent classes for their therapeutic baths and treatments. The development of modern medical tourism, as we know it today, is built upon this historical foundation of seeking medical and health benefits beyond one's immediate environment (Wilks et al., 2021).

In modern history, medical tourism began to gain popularity in the 20th century as the development of transportation and communication made it easier to travel to other countries for treatment. The growth of medical tourism can also be attributed to the rising costs of medical services in developed countries and the availability of cheaper, high-quality medical services in developing countries. Medical tourism in European countries has a longer history than in other parts of the world. As the healthcare systems in Europe developed, medical tourism shifted more towards routine procedures and cosmetic surgery, as the cost of medical care in Western Europe began to rise. The most popular destinations for this type of medical tourism in Europe were countries such as Hungary, Poland, and the Czech Republic, which offered high-quality and affordable cosmetic procedures (Ghasemi et al., 2021).

In 2015–2020, the development of medical tourism in Europe was driven by the growing demand for specialized treatment, such as treatments for cancer and cardiovascular disease, as well as the availability of advanced medical technologies in countries such as Germany, Switzerland, and France (Lyzohub et al., 2013).

Medical tourism can be divided into several types under different criteria, such as the type of treatment, the patient's health status, and the destination and purpose of the trip. Some of the most common types of medical tourism include (Abbaspour et al., 2021):

1. Planned surgery: this type of medical tourism consists of having planned procedures such as cosmetic surgery, dental services, and surgical weight loss. These procedures are usually not covered by insurance and are considered optional rather than medically necessary.
2. Specialized treatment: patients travel to another country to receive specialized medical treatment that is not available or difficult to access in their home country, such as cancer treatment, stem cell therapy, and organ transplants.
3. Wellness tourism: spa services, yoga and meditation classes, and unorthodox treatments.
4. Medical reproduction: fertility treatments, such as artificial insemination or egg donation. Some countries have more lenient laws and regulations regarding these procedures, making them more accessible to patients.

In addition to these types of medical tourism, this type of travel can also be divided based on destination – for example, domestic medical tourism (travel within one's own country) and international medical tourism (travel to another country for treatment) (Abbaspour et al., 2021).

2. The main factors fostering medical tourism and the challenges it faces

It is important to identify the main factors that encourage people to use medical services abroad, including cost, accessibility, quality of medical care, confidentiality, the combination of tourism and treatment, and others. At the same time, it is also worth outlining the main risks of medical tourism that migrants may face when visiting a particular country (Taheri et al., 2021). For example, this may include a language barrier,

difficulties in communicating with healthcare professionals, the impact of the climate on a sick person, the questionable quality of the service provided, a possible lack of further coordination and care after returning home, which provokes the exacerbation of the disease or the end of remission, etc. In an unfamiliar environment for the patient, there is a high probability of problems in the protection of their human rights, and they are likely to be unable to obtain qualified legal assistance in the event of a medical error, etc. (Wilks et al., 2021).

Medical tourism can have a significant impact on the economies of countries that receive foreign patients for treatment, including by creating new jobs in healthcare and related industries, contributing additional revenues to the state budget, offering expanded investment opportunities in medical infrastructure and pharmaceutical development, etc. However, along with the positive aspects, there are a number of negative consequences, including: the priority treatment of foreign patients; higher prices for medical services, which discriminates against the ability of the country's citizens to receive affordable treatment; and a possible increase in the outflow of patients in search of more affordable medicine in other countries (Ushakova et al., 2021).

Additional challenges facing global medical tourism include the COVID-19 pandemic, which resulted in travel restrictions, quarantines, and border closures, making it difficult for patients to access treatment. In addition, many hospitals and clinics have had to prioritize care for patients with COVID-19, which has led to the cancellation or postponement of other procedures, resulting in a significant decrease in the number of medical tourists (Mahmud et al., 2021). However, despite the challenges posed by the pandemic, some countries providing medical tourism services have been able to adapt and continue to provide medical treatment to foreign patients by introducing mandatory testing for infectious diseases, etc.

3. The legal regulation of medical tourism in the EU and selected member countries

3.1. The EU legal framework and practice for medical tourism

It is advisable to focus on the legal aspects related to medical tourism. In Europe, medical tourism is regulated by various legislative acts, including European Union (EU) regulations and national laws. For example, the following are common to all European countries: The Medical Devices Directive (93/42/EEC, 1993) and the In Vitro Diagnostic Devices Directive (98/79/EC, 1998), which set out technical requirements for the safety and performance of the above-mentioned objects; and the EU Directive on Cross-border Healthcare (2011/24/EU, 2011), which establishes a legal framework for the provision of cross-border healthcare within the EU, including the rights of patients to receive healthcare in another EU country and the obligation of healthcare providers to provide accurate and transparent information about the services they provide. It is also advisable to add the national legislation of European countries to this system, as each EU country has its own laws and regulations governing medical tourism, which may include provisions related to patients' rights, healthcare providers' obligations, and the quality and safety of medical procedures. Another element of the legal framework for medical tourism is the range of accreditation and certification programs, such as the Joint Commission International (JCI) (n.d.), which is an independent, non-profit organization that provides accreditation and certification services to healthcare organizations around the world. The JCI is a division of the Joint Commission, which is located in the United States and is the oldest and largest accreditation body in the healthcare industry. The JCI evaluates healthcare organizations based on internationally recognized standards of quality and patient safety. These standards are designed to ensure that healthcare organizations provide safe and effective patient care; therefore, organizations that meet these standards receive accreditation that is valid for 3 years.

In the context of the EU, the legal regulation of medical tourism is comprehensive, covering various aspects of healthcare, patient rights, and safety standards. The Medical Devices Directive (93/42/EEC) of 1993, for instance, is crucial in setting technical requirements for the safety and performance of medical devices. This directive ensures that any medical device used within the EU adheres to strict standards, thus protecting the health and safety of patients. Similarly, the In Vitro Diagnostic Devices Directive (98/79/EC) of 1998 regulates devices used for in vitro examinations of specimens derived from the human body. This directive is essential in ensuring the reliability and accuracy of diagnostic tools, which are integral to medical treatments offered to tourists.

One of the most significant pieces of legislation in this context is the EU Directive on Cross-border Healthcare (2011/24/EU) from 2011. This directive establishes a clear legal framework for the provision of cross-border healthcare within the EU. It upholds the rights of patients to receive healthcare in another EU country and mandates healthcare providers to offer accurate and transparent information about their services. The directive also addresses the reimbursement of costs for cross-border healthcare, providing clarity and security for patients seeking medical treatment abroad. Furthermore, the national legislation of individual EU member countries complements these EU-wide regulations. Each country has its own laws governing medical tourism, which may include detailed provisions regarding patients' rights, the obligations of healthcare providers, and the quality and safety standards of medical procedures. These national laws ensure that medical tourism is not only regulated at the EU level, but is also tailored to the specific healthcare landscape of each Member State.

Lastly, the role of accreditation and certification programs like the JCI cannot be overstated. The JCI provides accreditation and certification services based on internationally recognized standards of quality and patient safety. This external validation by the JCI assures that healthcare organizations maintain high standards of patient care, which is a crucial aspect for medical tourists seeking quality treatment. Organizations accredited by the JCI are subject to rigorous evaluation and are recognized for their commitment to excellence in healthcare services, making them attractive destinations for medical tourists.

An in-depth examination of the legal aspects of medical tourism in Europe necessitates a thorough understanding of the jurisprudence of the European Court of Human Rights (ECHR) and the Court of Justice of the European Union (CJEU). These courts have played pivotal roles in shaping the legal landscape of medical tourism through various landmark judgments.

The ECHR, which oversees the implementation of the European Convention on Human Rights in the Member States, has addressed medical tourism in several cases, thereby influencing policies and practices within Europe. A seminal case in this regard was *S. H. and Others v. Austria* (2011). This case revolved around the restrictions imposed by Austrian law on the use of in vitro fertilization techniques, prompting the applicants to consider medical services in other countries. The ECHR's judgment in this case was crucial in highlighting the balance between national regulations and individual rights under the Convention, particularly the right to respect for private and family life. This judgment underscored the complexities associated with cross-border reproductive healthcare and the need for coherent legal frameworks to address ethical and human rights concerns in medical tourism.

On the other hand, the CJEU, which interprets EU law to ensure its uniform application across EU Member States, has also contributed significantly to the legal discourse on medical tourism. The case of *Elena Petru v. Casa Judeţeană de Asigurări de Sănătate Sibiu and Casa Naţională de Asigurări de Sănătate* (2014) serves as an illustrative example. In this case, the CJEU examined the circumstances under which a person insured in one EU Member State is entitled to reimbursement for medical treatment received in another Member State. The Court's interpretation of EU directives related to cross-border healthcare was pivotal in clarifying the rights of EU citizens to seek medical treatment in other Member States and the corresponding obligations of national health insurance systems. This judgment had far-reaching implications for medical tourism within the EU, particularly in facilitating cross-border access to healthcare services and ensuring the protection of patients' rights.

These judgments by the ECHR and CJEU demonstrate the intricate relationship between legal principles, human rights considerations, and practical implications in the realm of medical tourism. They provide a legal framework that guides not only individual decisions but also the policies of European countries in managing cross-border healthcare services. Understanding these legal precedents is essential for any comprehensive analysis of medical tourism in Europe, as they significantly influence both national healthcare policies and the rights and responsibilities of individuals seeking medical services abroad.

3.2. National law perspectives: France, Germany and Poland

However, it is worth noting that the legal regulation of medical tourism may vary depending on the country that receives the foreign patient. For example, in France, medical tourism is regulated by the French Health Code (1953), which establishes the legal framework for the provision of medical care in France, including the

rights and obligations of healthcare providers and patients. It also establishes the regulatory framework for medical practice, including the qualifications and training of medical professionals, as well as the conditions for opening and operating medical facilities. The French Consumer Code (2008) defines the rights and obligations of consumers in France, including the right to receive accurate and transparent information about the services offered by healthcare providers, as well as the right to take legal action in case of breach of contract or consumer rights. Equally important are the international conventions and agreements to which France is a party. These agreements include the European Union Directive on cross-border health care (2011/24/EU, 2011), which establishes the rights of patients to receive medical care in another EU country.

As for Germany, medical tourism is regulated by the German Medical Profession Act (2000), which sets out the qualification requirements for the training of medical professionals, the conditions for opening and operating medical facilities, etc. As in France, Germany has the German Social Insurance Code (1990), which sets the conditions for financing and reimbursing the medical expenses of patients. The country also has regulations like those in France that define the safety criteria for medical supplies and devices. It is worth noting that Germany also has a practice of certification and accreditation, with its own body authorized to take appropriate actions – the German Medical Association (n.d.), which is responsible for accrediting medical schools and registering healthcare professionals, as well as for investigating complaints and disciplinary measures against healthcare providers.

As for Poland, the legal framework of medical tourism is similar to that of the above countries. For example, the Law of the Republic of Poland "On tourist events and related tourist services" (2017) regulates the protection of the rights of tourists and the provision of services to relevant persons at different levels – private, public, etc. Medical practice and the provision of quality medical services in Poland also depend on the activities of the National Chamber of Physicians and Dentists. The participation of Poland in international agreements, such as the International Health Regulations (IHR) of the World Health Organization (CDC, 2005), is also quite important.

It is also worth noting that in Germany, medical tourists have the right to access the same level of medical care as German citizens and have the same rights and protections under German law; a similar practice exists in France and in Poland (Guha Roy et al., 2022). Unlike in Poland, where medical tourists can freely choose between public and private healthcare services, the situations in France and Germany are more nuanced. In France, while there is no explicit prohibition against medical tourists choosing between public and private sectors, the accessibility and process for foreign patients might vary depending on their insurance status and their specific healthcare arrangements. The French healthcare system, renowned for its quality, does provide options for medical tourists, but these choices can be influenced by various factors including insurance coverage and the nature of the medical services sought. Similarly, in Germany, the healthcare system is designed to be universally accessible, but the choice between public and private sectors for medical tourists may not be as straightforward as in Poland. German law ensures that medical tourists have access to high-quality medical care, but their options can be influenced by the type of medical insurance they hold and specific regulations governing the provision of healthcare to non-residents. While there is no outright prohibition, the practicalities of navigating the healthcare system in Germany might mean that the choices available to medical tourists are more limited or complex compared to the more straightforward options in Poland.

As for the distinctive features, it is worth highlighting the following: in Germany, patients must register with a general practitioner and be assigned to a specific hospital; in Poland, medical tourists have the right to choose a healthcare provider, to receive information about the cost of their treatment, and to receive an estimate before starting treatment; in France, foreign patients also have the right to choose a healthcare provider, but they may be denied treatment if they do not have the legal right to stay in the country. According to M. Nakhaeinejad (2022), medical tourism can pose additional challenges in terms of confidentiality and informed consent, as patients may not be fully aware of the laws and regulations of the country in which they are being treated.

4. The legal challenges faced by medical tourism

It may be asserted that the regulation of medical tourism in European countries presents a unique and complex challenge. Medical tourism, characterized by the movement of individuals across borders to receive medical treatments, intersects with multiple facets of private international law, including jurisdictional issues, choice

of law, and the recognition and enforcement of judgments. One of the primary concerns in this context is the determination of jurisdiction in cases of medical malpractice or contractual disputes. Given the transnational nature of medical tourism, it is often challenging to ascertain which country's courts have jurisdiction over a dispute. European countries must strive for a harmonized approach to jurisdictional issues to ensure clarity and predictability for both patients and service providers. This could be achieved through multilateral agreements or the adoption of uniform rules within the EU framework (Seow et al., 2021; Wilson, 2023).

Another significant aspect is the choice of law. Patients engaging in medical tourism should have a clear understanding of which country's laws will govern their treatment contracts and potential disputes. Complexity here arises from the differing legal standards and medical regulations across European countries. The choice of law must balance the rights and expectations of medical tourists with the regulatory frameworks of the host countries. Adopting a more unified approach to choice of law in medical contracts could greatly benefit this sector, enhancing legal certainty and consumer protection. Furthermore, the recognition and enforcement of foreign judgments in cases related to medical tourism pose another challenge. There is a need for streamlined mechanisms within European countries to recognize and enforce judgments from other jurisdictions, especially in cases involving compensation for medical negligence or breach of contract. In conclusion, the private international law regulation of medical tourism in European countries requires a collaborative, harmonized approach that addresses jurisdictional issues, choice of law, and the recognition and enforcement of judgments. This would not only protect the rights of medical tourists, but would also foster a trustworthy and legally sound environment for the burgeoning medical tourism industry (de Miguel Beriain & Rueda, 2021; Guha Roy et al., 2022).

It is also worth noting that the prospects for medical tourism in Europe are dependent on technological advances, changes in healthcare regulations and demographic changes. Some of the main prospects for the future of medical tourism in Europe may include: a greater level of attention to accreditation and quality standards; more affordable and flexible healthcare options; and, with the introduction of telemedicine and other technological solutions, patients will have more options for medical care and will be able to receive medical treatment remotely. Greater attention to medical tourism safety is also possible. For example, with the COVID-19 pandemic, safety and hygiene measures have become more important than ever. Growth in medical travel insurance has also been observed: as more insurance companies offer medical travel coverage, this could make traveling abroad for treatment more affordable for patients, increasing the popularity of medical tourism in Europe.

5. Discussion

For a deeper analysis of the relevant topics, it is also necessary to analyze the works of other authors on the subject. For example, Polish authors A. Lubowiecki-Vikuk and D. Dryglas (2019) studied the reasons for choosing a particular country for medical services and medical tourism. They pointed out that the main factor is the absence of a language barrier, so tourists from Germany and the UK can choose Poland as a place to receive a certain type of treatment given the high level of English proficiency of medical staff and the population. Lubowiecki-Vikuk and Dryglas also pointed to the possibility of choosing between private and public medical institutions for tourists as an advantage of Polish medicine. The authors also pointed out the price advantage in the field of aesthetic and plastic surgery, as, according to the authors, the average price of dental implants in Poland is 65% lower than the same procedure in the UK.

It is worth noting that the authors' results only partially coincide with the results of this study in terms of the distribution of sectors of Polish medicine, but other data provided by Lubowiecki-Vikuk and Dryglas (2019) should be considered, and some statistics on the relevant topics should be added. For example, according to the Central Statistical Office of the Republic of Poland (2023), the number of foreign patients in Poland has been steadily increasing in recent years, and in 2018, around 600,000 foreign patients sought medical care in the country. According to a study by the French National Tourist Office (2023), the number of foreign patients in France also increased by 7.5% between 2018 and 2019, and reached approximately 1.5 million. According to the German Medical Tourism Association (2023), around 200,000 foreign patients seek medical care in Germany every year, with a significant number coming from neighboring countries such as Austria, Switzerland, and the Netherlands.

Greek authors L. Androutsou and T. Metaxas (2019) studied the effectiveness of the medical tourism industry in European countries. In particular, it was pointed out that the main criteria for effectiveness in the relevant sphere are patient outcomes, infection rates and readmission rates. In addition, patient satisfaction surveys can provide insight into the overall quality of care and the patient experience. Another important indicator noted by the authors is the comparison of the cost of treatment in different EU Member States, as well as the cost of travel and accommodation. In addition, the authors proposed to study this by comparing the cost of treatment in EU Member States with the cost of similar treatments in other countries where medical tourism is popular, such as the United States or India.

These findings do not coincide with the results of this research, but are an important addition to the topic of medical tourism, and therefore should be taken into account when forming a conclusion.

American authors L. Monaghan and J. Gabe (2022) studied the history of the origin and development of medical tourism, pointing out that this practice was known in the Middle Ages and gradually became popularized. Currently, medical tourism, as the authors point out, is an effective medical practice that allows patients to receive affordable treatment and rehabilitation services in another country. The authors also draw attention to such advantages of medical tourism as cost savings, cultural diversity, quality of medical services, etc. It is important to note that Monaghan and Gabe also pointed to the phenomenon of patient exchange, which is similar to the practice of medical tourism.

It is worth noting that the authors' results coincide with the results of this research, but it is advisable to supplement the thesis of Monaghan and Gabe (2022) on the practice of patient exchange. This process is becoming increasingly common in Europe, as one of the main advantages of cross-border treatment is that it allows patients to access medical procedures that may not be available in their home country. In addition, it can improve the quality of care by exposing healthcare providers to new treatments and technologies. However, patient exchange also has potential drawbacks. One problem is that patients may not have the same level of protection and rights when receiving medical care in another country.

Another American author, D. Horsfall (2020), studied the development of Polish medical tourism. Horsfall pointed out that medical tourism in Poland has been growing in recent years, and many British citizens travel to the country for medical procedures at a lower cost and higher quality. However, some critics, following the author, argue that this market masks a form of migration, as many UK citizens seek medical care in Poland due to a lack of access to medical services in the UK or because of their unaffordability. The medical tourism market in the EU is relatively unregulated, which raises concerns about patient safety, quality of care, and the potential for the exploitation of vulnerable populations.

Although the author's results do not coincide with the results of this research, they are an important contribution to the research topic. In particular, it is also worth adding possible solutions to the problem outlined by the author: for example, it is important for EU Member States to develop a coherent approach to regulating the relevant market and protecting the rights and interests of all parties involved, including patients, healthcare providers and governments (Pētersone et al., 2021a; Pētersone et al., 2021b; Jalilova et al., 2022). This may include measures such as ensuring patient safety, protecting patient data and informed consent, as well as ensuring that healthcare providers meet certain quality standards and enhancing the oversight of compliance with migration and residence rules.

T. Cham et al. (2020) studied the images of hospitals and how they interact with increased demand among medical tourists. Thus, one of the key components of a hospital's image is its reputation for providing high-quality medical care. Another important aspect of a hospital's image is its ability to provide a comfortable and welcoming environment for international patients. This includes providing services such as translation assistance, cultural sensitivity training for staff, as well as amenities such as comfortable accommodation, etc.

A similar study was conducted by Spanish authors A. De La Hoz-Correa and F. Muñoz-Leiva (2019), who pointed out that the role of information sources and images is a key aspect of the medical tourism industry. The authors' research in this area has shown that people's decision to seek treatment abroad is often influenced by the information they receive about the destination country, as well as their perception of the destination country's image. Cross-cultural analysis of medical tourism intentions has also shown that cultural differences

can influence how people perceive and seek information about medical tourism destinations. For example, according to the authors, a study conducted among medical tourists from the United States and South Korea showed that American tourists are more likely to rely on the Internet as a source of information, while South Korean tourists are more likely to rely on friends and family.

The authors' results differ from the results of this research but are nonetheless interesting within the relevant field. It is also worth pointing out that in addition to the above factors cited by the authors, the hospital's brand image can also be strengthened through effective marketing and promotion. This may include targeted advertising in international media, partnerships with international medical travel agencies, and social media campaigns.

Conclusions

This research revealed the complex historical, legal, and practical dimensions surrounding medical tourism in Europe. There are clear economic incentives and accessibility factors driving individuals to seek medical treatment abroad. However, balancing patient rights, quality of care, legal jurisdiction, and other ethical concerns remains an intricate challenge. The analysis found vital commonalities in the national legal frameworks governing medical tourism in Germany, France, and Poland. These include stringent protections for patient confidentiality, informed consent, and fundamental rights – irrespective of one's status as a medical tourist. Nevertheless, striking the right equilibrium between public health interests, on one hand, and individual liberties, on the other, necessitates coherent policymaking at both the EU and Member State levels.

This research demonstrates the need for multi-layered governance of the medical tourism sector through supranational regulations, national legislation, and independent accreditation mechanisms. The ECHR and CJEU have also profoundly shaped the legal contours of cross-border healthcare through seminal judgments. However, more coordinated efforts are imperative to streamline jurisdictional clarity, choice of law, and the recognition of foreign court decisions related to medical tourism disputes.

This study also uncovers some distinctive features of how individual countries approach medical tourism. For instance, Poland enables tourists to freely choose between public and private healthcare providers – a level of accessibility seldom matched across Western European states such as Germany and France. Ultimately, the research argues for judicious oversight, melding patient empowerment with improved safeguards to expand medical tourism sustainably. Further research could investigate patient exchange programs and their implications, comparing European and Asian models of medical tourism governance, addressing problems related to patient confidentiality, and enhancing accountability in the medical tourism sector through legal and policy reforms.

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