

Layering Overtourism in Multi-value destinations- The Case of Medical, Health, and Wellness Tourism

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ABSTRACT

Tourism as a pastime and a leisure activity has been an important aspect of humankind's modern lifestyle. From medieval travels with the goal of trade, military pursuits, pilgrimage and historical chronicling, modern-day travels have moved to leisure and business activities. However, the influx of tourists in gargantuan proportions in several destinations has resulted in severe strain in managing the infrastructure. In several destinations, it has negatively impacted the resident's quality of living and resulted in severe backlash from the local population. The phenomenon is called overtourism, and several debates exist about construing it as a menace and controlling it. While a single blanket approach towards curbing and restricting tourist movements, this case examines the issue in terms of several layers based on the tourism value sought in a destination. This case study suggests prioritising and addressing the issue differently when multiple values are congruent, by discussing the layer of medical, health, and wellness tourism to prioritize public health in destination marketing and policy decisions in Overtourism affected destinations.

Introduction

Tourism as a pastime and a leisure activity has been an important aspect of humankind's modern lifestyle. From medieval travels with the goal of trade, military pursuits, pilgrimage and historical chronicling, modern-day travels have moved to leisure and business activities. With the increasing purchasing power, ease of travel, ease of planning and booking, better online map guidance, the attitudinal shift towards leisure experience and social media developments, more people are travelling worldwide to visit tourist destinations. While such tourist movements benefit the local economies, these higher interest levels also have a counterintuitive effect. In several tourist destinations, the incoming tourist numbers have gone beyond the local population or the tourist handling capacity of the destination. This phenomenon, called Overtourism, has resulted in extreme strain on the local administration and, in some cases, has created problems for the local communities.

Aspects of Overtourism

Overtourism has become an important topic of discussion among the wider global audience in the past decade. According to a McKinsey study (Tufft et al., 2024), 80% of global travellers congregate in a mere 10% of the tourist spots around the world¹. As a result, there is a skewed concentration of heavy tourist inflows in destinations such as Dubrovnik (Croatia), Venice (Italy), Macau (SAR), Kuala Lumpur (Malaysia), New York City (USA), Marrakech (Morocco), Amsterdam (Netherlands), Chongqing (China), Bangkok (Thailand), Prague (Czechia), Shanghai (China), Paris (France), Rome (Italy), Ho Chi Minh City (Vietnam) and Stockholm (Sweden). This list was based on the international and domestic overnight visits per square kilometre and its projection to 2030.

CNN (Bachelor, 2023) listed Amsterdam (Netherlands), Athens (Greece), Bali (Indonesia), Barcelona (Spain), Miami (USA), Paris (France), Phuket (Thailand), and Venice (Italy) as the destinations worst-affected by Overtourism in 2023². The Economist ranked 20 destinations with Overtourism problems based on tourist arrival per resident in 2023³. The ranked list included Amsterdam, Paris, Milan, Barcelona, Kuala Lumpur, Dubai, Osaka, Rome, Bangkok, Singapore, London, Madrid, Los Angeles, Tokyo, New York, Istanbul, Berlin, Hong Kong, Seoul and Shanghai (this may include non-tourist arrivals too). Besides Hong Kong, Seoul, and Shanghai, all other towns attract more tourists than the local population.

Travel guide Fodor came up with a “No List” for 2025 that included 15 destinations – Bali, Barcelona, Mallorca, Canary Islands, Venice, Lisbon, Koh Samui, Mount Everest, Agrigento, British Virgin Islands, Kerala, Kyoto, Tokyo, Oaxaca, and Scotland's North Coast 500⁴.

Other strained destinations include Santorini (Greece), Machu Pichu (Peru), Lisbon (Portugal), Reykjavik (Iceland), Edinburgh (Scotland), Mexico City (Mexico), Sydney (Australia), Vienna (Austria), Cape Town (South Africa), and Buenos Aires (Argentina). The combined list is provided in the exhibits section. (Refer to Exhibit 1).

Need for layering Overtourism

While several studies have analysed this phenomenon in various geographies in absolute terms, some gaps exist in understanding it through several layers.

- Dense-tourism issues in thickly populated destinations. Some destinations in thickly populated countries might not have a tourist inflow higher than the local populations. Nevertheless, a higher quantum could still damage the resident's quality of life and sustainability.
- Residents' tolerance levels – culture and purpose
- Value sought in a tourist visit and the intersection of multiple values in a single destination
- Futuristic promotion plans in a tourist destination vis-à-vis potential overtourism issues.

Coming up with the right solutions to the issue needs a case-by-case analysis based on the above factors and a prioritisation process. This requires a classification as a "Multi-Value Tourist Destination (MVTD)" and a mapping through the destination-value matrix.

Multiple-values sought in Tourism

While the general assumption of tourism purpose/motivation is leisure or business activity, multiple values are in play when a tourist makes a travel plan. As per social perceptions, some purposes could be positive, and others could be negative. Several purposes for the tourism trip could be grouped in a continuum as below.

Positive-Neutral-Negative Continuum of Tourist values (PNN)

Positive Social Perception	Neutral to Mixed Perception	Negative Social Perception
• Leisure and Recreation⁵ • Cultural Exploration⁶ • Educational Purposes⁷ • Family Bonding⁸ • Health, Wellness and Medical Tourism⁹ • Pilgrimage and Religious Tourism¹⁰ • Nature and Wildlife Tourism¹¹	• Gastronomy and Culinary Tourism¹⁹ • Sports and Events (Spectator Tourism)²⁰ • Digital Disconnection Tourism²¹ • Luxury Tourism²² • Creative Tourism²³	• Dark Tourism (e.g., visiting sites associated with death, war or tragedy)³² • Vicetourism (e.g., gambling, nightlife, alcohol, drug, sex tourism)³³

• Ecotourism¹² • Festival and Event Tourism¹³ • Heritage Tourism¹⁴ • Self-Discovery and Personal Growth¹⁵ • Diaspora Tourism¹⁶ • Honeymoon and Romantic Tourism¹⁷ • Destination Wedding Tourism¹⁸	• Sports Participation Tourism²⁴ • Retirement or Senior Tourism²⁵ • Shopping Tourism²⁶ • Film and Pop Culture Tourism^{27,28} • Work and Business Travel²⁹ • Space tourism • Social Connection (Visiting Friends and Relatives)³⁰ • Volunteer and Philanthropy Tourism³¹	• Cruise Tourism (negative perception in Overtourism places)³⁴
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A Bain Capital research study (Almquist et al., 2016)³⁵ identified thirty elements of value under four categories- functional, emotional, life-changing, and social impact values, and empirically found that enterprises that performed well on more combinations of these values had more loyal customer following and better revenue earnings in a business-to-consumer (B2C) context. Similarly, tourism destinations that offer multiple values attract more tourists. So, a value-based layering of tourists in an overtourism context will help destination marketers, local administrators, and policymakers prioritise the value and provide customised solutions.

Here, we look at medical, health, and wellness tourism (MHWT) as a significant value layer and attempt to map overtourism destinations with MHWT value and elicit the importance of MHW in community well-being.

Importance of Medical Tourism

Visiting various places to get medical treatment was in vogue for many centuries. A review of literature on medical tourism identified the earliest academic research usage of the term (Zhongh et al., 2021)³⁶ in a paper published in 1974. The medical tourism system model defined such places as MTDR- Medical tourist destination regions (Ko, 2011)³⁷. It is also referred to as Medical Value Travel (MVT).

Unlike other forms of tourism pursuit, medical tourism is critical and significant in protecting human life and reducing suffering. There are more available research literature due to the importance of medical tourism worldwide³⁸. As a commercial activity, the value of medical tourism is expected to grow from \$47bn in 2024 to \$111bn by 2029 (Refer Exhibit 3).

According to the 2020-2021 Medical Tourism Index, the following 46 countries were ranked based on 41 criteria under major parameters such as destination attractiveness, safety, and quality of care³⁹ - Canada, Singapore, Japan, Spain, United Kingdom, Dubai (UAE), Costa Rica, Israel, Abu Dhabi (UAE), India, France, Germany, Oman, South Korea, Czech Republic, Taiwan, Thailand, Italy, Dominican Republic, Argentina, Portugal, South Africa, Hungary, Philippines, Colombia, Egypt, Malta, Brazil, Poland, Turkey, Morocco, Bahrain, China, Greece, Saudi Arabia, Jordan, Panama, Tunisia, Qatar, Jamaica, Russia, Mexico, Lebanon, Guatemala, Kuwait, and Iran. (Refer to Exhibit 2).

Overtourism destinations with a Medical layer

When we compare the list of overtourism destinations with the ranked list of medical tourism destinations, we get a mapping of destinations with a medical tourism layer and struggling with overtourism issues. (Refer Exhibit 4)

As per the mapping, out of the 50 overtourism destinations considered here, 31 destinations offer Medical value travel as one of the multiple-values of tourism significance. These are Buenos Aires, Shanghai, Beijing, Prague, Paris, Berlin, Munich, Athens, Kerala, Chennai, Mumbai, Delhi, Rome, Milan, Tokyo, Osaka, Marrakech, Mexico City, Cancun, Tijuana, Lisbon, Cape Town, Johannesburg, Seoul, Barcelona, Madrid, Bangkok, Phuket, Istanbul, London, Dubai, and Singapore. So, mitigation strategies must consider this to develop a different approach to a layered solution.

The Indian context – the cases of Puducherry and Goa

According to the Indian Ministry of Tourism, 18.89mn international tourists visited India, and the country earned Rs.231927 crores (\$27.87bnⁱ). In the domestic circuits, 2509mn tourists visited various tourist destinations⁴⁰. India formulated a national strategy and road map for medical and wellness tourism in 2022⁴¹. According to the strategy note, seven lakh international patients visited India in 2019.

One of the early media discussions on the potential of medical tourism in India was indicated in a Times of India report in the year 2000 about a group of British tourists stopping at Mumbai for vision correction treatment en route to their leisure trip to Goa⁴².

In places like Puducherry (also known as Pondicherry, ruled as a small coastal enclave in British India by the French before its independence) and Goa (ruled as a coastal enclave in British India by the Portuguese before its independence), domestic tourists from outside the State also visit for medical treatment purposes⁴³. In the year 2022-23, 2,57,106 patients from outside Puducherry were treated in the major super-speciality public hospital, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), which is 3.6 times the number of local patients. (Refer Exhibit 5). Of these, 1,64,995 patients were from the peripheral districts of Tamilnadu, and the rest, 92,111, were from other places. There are eight medical colleges, six dental colleges, four para-medical institutes, 22 nursing institutes and two veterinary institutes in the main district (2022-23). There are 4273 public hospital beds. 77 specialist doctors and 663 nurses are available in the public hospital system⁴⁴.

Puducherry's main district has 30 hospitals, six medical colleges, two dental colleges, six nursing homes, and 698 clinics in the private medical system. 6989 private hospital beds are available with the service of 2582 doctors and 2470 nurses⁴⁵.

The area of the main district of Puducherry is 294 sq. km., and the population as per 2011 census is 950,289. As per the 2011 census, the population density is 3232 per sq.km. The estimated population for 2024 is 1326292⁴⁶. The current population density could be around 4511 per sq. km. At that level of population density, Puducherry compares to European cities like Dublin, Vienna, Copenhagen, Berlin and Toulouse. However, Puducherry is locked with Tamilnadu with an area constraint which limits its expansion.

Similar to Paris (France), in India, Puducherry is one of the important Multi-value Tourist Destination to which tourists visit seeking a different set of values such as leisure, spiritual, diaspora, alcohol consumption, medical, ecology, bleisure, film shoots, pre-wedding shoots and so on. In 2022, 14,62,563 tourists visited Puducherry, of which 720 were foreigners.⁴⁷

ⁱ \$1 USD = ₹83.2295 on Jan 1, 2024

As per the 2011 census, the Population of Goa is 14,58,545. With an area of 3702 sq. km., the population density is 394. In 2022-23, 76,68,668 domestic and 2,92,432 foreign tourists visited Goa. There are eight medical colleges, six dental colleges, four para-medical institutes, 22 nursing institutes and two veterinary institutes in Goa (2022-23). There are 15 public hospitals and 32 dispensaries with 4117 public hospital beds. In the private medical system. Goa has 110 hospitals and 26 nursing homes with 2747 private hospital beds⁴⁸. The current level of medical tourism and the infrastructure in Goa is not comparable to Puducherry, yet the State is expected to augment the same as a part of the plans in areas like AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy)ⁱⁱ wellness centres⁴⁹.

The diverse values are consistently attracting more tourists and seasonally resulting in an overflow of traffic, crowding and infrastructure strains⁵⁰. So, a layering approach would be the right way to manage the issues of Overtourism.

Conclusion

The layering approach in overtourism issues helps destination marketers and policymakers to understand the issue in many dimensions and to prioritise tourist values when there is a decision to restrict tourist movements with various penalties and disincentives. While values like health care and medical tourism will come as a top public health priority to be considerate on restrictions, other values could go lower down the order. As a future research direction, the Health, Wellness and Medical tourism values could be further sub-layered in terms of critical health care vs cosmetology for the next level of prioritisation.

Exhibit-1

A combined list of places quoted in Overtourism reports and papersⁱⁱⁱ

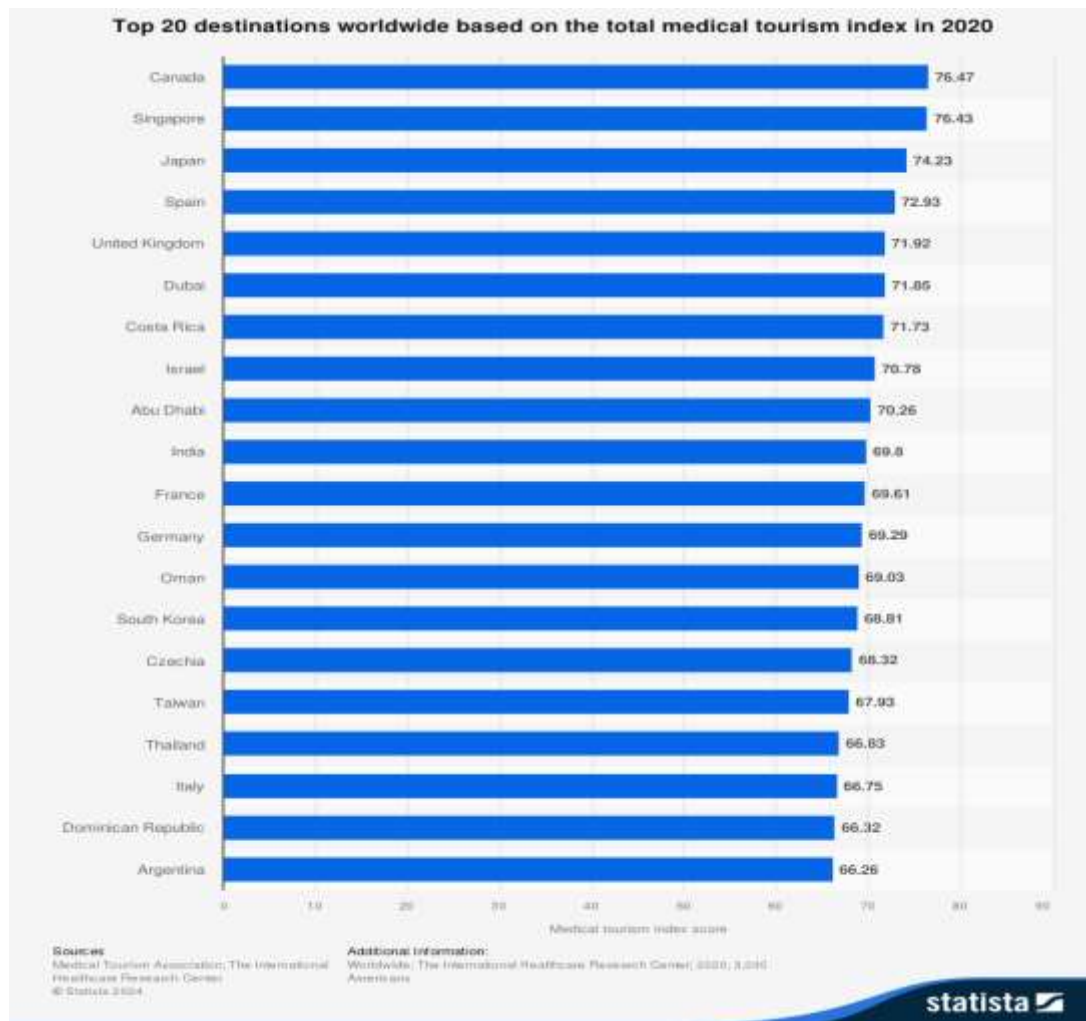
1. Amsterdam (Netherlands)	26. Macau (China SAR)
2. Agrigento (Italy)	27. Madrid (Spain)
3. Athens (Greece)	28. Marrakech (Morocco)
4. Bali (Indonesia)	29. Mexico City (Mexico)
5. Bangkok (Thailand)	30. Miami (USA)
6. Barcelona (Spain)	31. Milan (Italy)
7. Berlin (Germany)	32. Mount Everest (Nepal)
8. British Virgin Islands (UK)	33. New York City (USA)
9. Buenos Aires (Argentina)	34. Oaxaca (Mexico)
10. Canary Islands (Spain)	35. Osaka (Japan)
11. Cape Town (South Africa)	36. Paris (France)
12. Chongqing (China)	37. Phuket (Thailand)
13. Dubai (UAE)	38. Prague (Czechia)
14. Dubrovnik (Croatia)	39. Reykjavik (Iceland)
15. Edinburgh (Scotland)	40. Rome (Italy)
16. Ho Chi Minh City (Vietnam)	41. Santorini (Greece)
17. Hong Kong (China)	42. Scotland's North Coast (UK)
18. Istanbul (Turkey)	43. Seoul (South Korea)
19. Koh Samui (Thailand)	44. Shanghai (China)
20. Kuala Lumpur (Malaysia)	45. Singapore (Singapore)
21. Kyoto (Japan)	46. Stockholm (Sweden)
22. Lisbon (Portugal)	47. Sydney (Australia)
23. London (UK)	48. Tokyo (Japan)
24. Los Angeles (USA)	49. Venice (Italy)
25. Machu Picchu (Peru)	50. Vienna (Austria)

ⁱⁱ Non-allopathic medicine systems

ⁱⁱⁱ Collated by the author from multiple lists

Exhibit -2

Top 20 destinations worldwide based on the total medical tourism index in 2020⁵¹



(The rest of the destinations include Portugal, South Africa, Hungary, Philippines, Colombia, Egypt, Malta, Brazil, Poland, Turkey, Morocco, Bahrain, China, Greece, Saudi Arabia, Jordan, Panama, Tunisia, Qatar, Jamaica, Russia, Mexico, Lebanon, Guatemala, Kuwait, and Iran)

Exhibit – 3

Value of the medical tourism market worldwide from 2024 to 2029⁵² (in billion U.S. dollars)

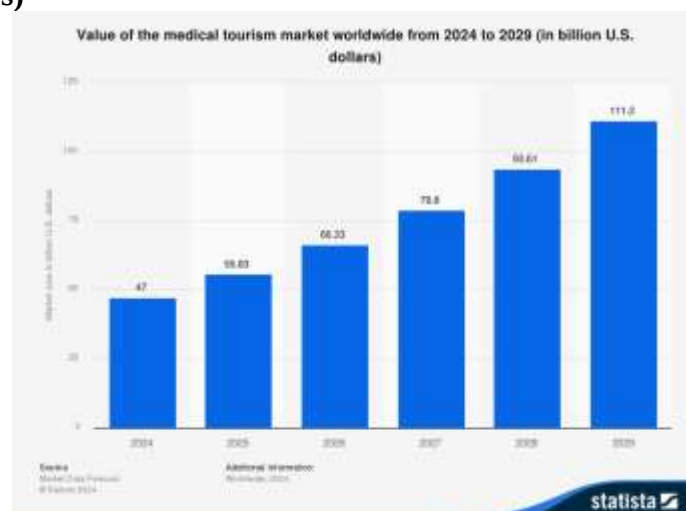


Exhibit – 4 : Mapping of overtourism destinations that offer MVT Along with other multiple-tourism values^{iv}

Country with Overtourism Destinations	Cities	Other sets of Tourism values (Multi-values)	Medical Value Travel (MVT)
Argentina	Buenos Aires	✓	✓
China	Shanghai, Beijing	✓	✓
Czech Republic	Prague	✓	✓
France	Paris	✓	✓
Germany	Berlin, Munich	✓	✓
Greece	Athens	✓	✓
India	Chennai, Mumbai, Delhi	✓	✓
Italy	Rome, Milan	✓	✓
Japan	Tokyo, Osaka	✓	✓
Morocco	Marrakech	✓	✓
Mexico	Mexico City, Cancun, Tijuana	✓	✓
Portugal	Lisbon	✓	✓
South Africa	Cape Town, Johannesburg	✓	✓
South Korea	Seoul	✓	✓
Spain	Barcelona, Madrid	✓	✓
Thailand	Bangkok, Phuket	✓	✓
Turkey	Istanbul	✓	✓
United Kingdom	London	✓	✓
UAE	Dubai	✓	✓
Singapore	Singapore	✓	✓

**Exhibit – 5
JIPMER Hospital, Pondicherry Geographical Distribution of Patients by State⁵³**

MONTH	PONDICHERRY		TAMIL NADU		ANDHRA		KERALA		KARNATAKA		WEST BENGAL		OTHER STATES	
2022-23	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP	OP	IP
Apr-22	4797	1132	15864	5009	93	20	147	44	45	5	291	43	119	44
May	4662	1138	15231	5456	89	19	181	50	49	12	248	54	203	31
June	5061	1212	15836	5684	123	27	235	59	41	16	389	54	203	41
July	4923	1148	15892	5723	89	30	169	42	42	14	376	63	162	40
Aug	4839	1220	15066	5601	90	24	255	62	64	22	370	72	188	44
Sep	5566	1339	15822	6048	95	19	318	70	61	21	498	78	164	35
Oct	4544	1207	13782	5741	74	19	288	70	38	12	409	60	168	38
Nov	4553	1369	14587	5960	87	23	265	57	52	17	322	60	145	35
Dec	4644	1391	13981	5844	70	24	233	55	59	17	348	60	177	27
Jan-23	4617	1276	13142	5284	83	21	240	70	35	13	254	47	276	47
Feb	4410	1159	13494	4854	104	22	210	34	35	12	245	10	254	123
Mar	4012	1331	14647	5408	79	28	293	48	30	15	30	44	542	45
Total	56628	14922	177344	66612	1076	276	2834	661	551	176	3780	645	2601	550
OP+IP		71550		243956		1352		3495		727		4425		3151

^{iv} Mapped by the author based on the secondary data

Patients from Pondicherry = 71550

Patients from outside Pondicherry = 257106

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