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STATUS AND PERSPECTIVES OF HEALTH TOURISM IN CROATIA

WITH A SPECIAL LOOK AT THE CRIKVENICA RIVIERA

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Foreword

A foreword was deemed necessary for this particular graduation thesis for two reasons, because of the language chosen, English, and the approach taken in preparing this work, which may come across as unusual for a graduation thesis prepared in Croatia, and the reason would not be obvious until reaching the biography at the very end.

I was born in Canada, and spent the majority of my life there, studying and working, and I have only lived in Croatia for the duration of my medical programme, about 6 years. Despite having Croatian parents, and learning some Croatian ways, growing up in Canada, I primarily learned English, and an Anglo-Saxon way of thinking. My Croatian is developing, and although it has improved during my time in Croatia, I still make grammatical mistakes, lack vocabulary, and I still don't know how to adequately express myself. To ease the situation for myself, and to ensure a top-notch piece of work, I choose to write in my mother tongue, English, and I was grateful when my request to do so was accepted.

However, the fact that this paper is written in English may not be the only thing which makes it stand out, but also the approach taken to writing it. Going through school in Canada, I may have learned a different way of approaching assignments – thinking, summarising, writing – and as a result, this paper may read and feel different than is the norm in Croatia.

I have to thank my mentor for being patient with me while I prepared this paper, for being informative and critical, but also supportive, encouraging me to prepare this paper using my natural approach and style. I hope this paper will not only prove informative, entertaining, and even useful for others, but may also inspire a different way of looking at things.

- Daniel Victor Šimac

Introduction

Today, people travel for a slew of reasons, recreative or professional, to explore nature, or different cultures, for education, or work, examples include ecotourism, nautical tourism, religious tourism, conference tourism, and more. (1-7) The oldest form of tourism is, in fact, religious pilgrimage, but in truth, the oldest and strongest motivator for tourism, it could even be argued that the base of all touristic endeavours is health. (1-7) Most people travel to see new places, for recreation, but with the growing trend of stressful urban lifestyles, more and more people are opting to travel in order to recuperate and relax. (1-7) This is not a new idea, indeed, the World Health Organisation (WHO) defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, and as such, people travel towards what is missing in their lives. (5,6) The interaction of tourism and health can be divided into two main areas, health tourism, which includes medical tourism and wellness and spa tourism; and travel medicine (Croatian, *turistička medicina*). (1-7)

Travel medicine encompasses the health of tourists before, during, and after travel, taking into consideration mostly the prevention and health promotion aspects of medicine, but also, treatment and rehabilitation. (1,5-7) Before a trip, planning tourists may consult a doctor on health risks, and how to prevent them, this is especially useful when travelling to regions with preventable endemic diseases, for example, when travelling to a place where hepatitis A or yellow fever are endemic, a doctor may suggest and offer vaccination. (2,5-7) Falling ill during or after a trip also falls within the domain of travel medicine, where a tourist will seek medical attention at their destination or upon returning home. (1,5-7)

Health tourism, on the other hand, is based on the motivation to travel for health, whether the reason is prevention and recuperation, or treatment and rehabilitation, usually taking advantage of a region's natural resources. (1-8) In comparison to travel medicine,

where medical services are used for consultation or emergency, services in health tourism constitute a unique part of the tourist offer. (1,5-7) Wellness and spa tourism, a subtype of health tourism, is based on healthy diet and various activities for relaxation – massage, bathing, anti-stress therapy, weight loss, and cosmetic treatments. (1-6) Medical tourism, another subtype, represents the act of travelling for a specific medical treatment, and reasons for travel may include receiving treatment which is otherwise unavailable at home, or not covered by health insurance, possibly higher in quality, or cheaper in price. (1,5,6,9) People interested in health tourism are usually healthy individuals who are health-oriented, but it may also appeal to those diagnosed with disease, especially chronic diseases. (5)

Dental tourism, known as a “niche sub-segment of medical tourism”, where patients, which may be deduced from the name, travel for dental work. (9) Due to assorted factors, this form of medical tourism is becoming highly sought after, and has the potential to develop many areas. (9) Dental care in countries like Canada, the United States, or Britain is private, and not covered by a public plan, people in these countries pay for dental work out of pocket, or they may have a dental plan which they pay for, again, either out of pocket, or receive through work benefits. (9) Dental work can be quite expensive in these countries, and even with a plan, many people will end up paying, sometimes excessive amounts, for work. (9) This is why a growing number of people from these countries are choosing to have work done elsewhere, and usually end up spending less on the cost of travel, accommodation, activities, and dental work combined, than they would on dental work alone back home. (9) Another advantage is the fact that dental work, unlike most medical procedures, can be completed within a day, it requires less preparation, less recovery time, and it is relatively safe, making it an ideal service to offer, as it can be easily combined with other forms of tourism. (9)

Role of Natural Resources

Where there is health tourism, especially spa tourism, there is often a natural resource which has medicinal potential, indeed, it makes sense to travel if a target destination offers something unavailable at home. (1,5,6,8) Many have taken advantage of natural resources as remedies for centuries, Ancient Romans valued settlements near thermomineral springs, where soldiers and others could rest and enjoy the healing powers of the springs. (1,5,6,8) During mediaeval times, there was a decline in the use of natural resources, but a resurgence was witnessed in the 18th century, which is still in effect today. (5,6,8) Three major areas exist which study and use the effects of natural resources: Climatotherapy, which takes into account a region's natural climate, air, temperature, elevation, and sunlight; Thalassotherapy, which makes use of a seaside setting, and takes advantage of both seaside air and flora, as well as the sea itself; And balneotherapy, which namely puts thermomineral springs to use. (1,5,6,8) All these resources aid in prevention, treatment, or rehabilitation of a variety of conditions, and may be used under medical supervision, or individually based on the recommendation of a doctor. (1,5,6,8) Natural resources may also be economically beneficial, reducing costs associated with pharmaceuticals, side-effects, and healthcare in general, as natural resources have a longer lasting effect, which reduces the number of doctor's visits. (5)

Purpose of Work

The purpose of this work is to concisely showcase major topics from current literature regarding health tourism in Croatia, including problems regarding marketing, education, and legislation, as well as some new initiatives, then take a critical look at the status and potential of health tourism using the specific example of the Crikvenica riviera.

Review and Research

Literature – journal articles, books, websites, and more – on the topic of health tourism in Croatia is not scarce. There is abundant literature celebrating the history and tradition of health tourism in Croatia, inland and along the coast, looking at the natural resources and institutions which helped shape modern health tourist centres. There are also many articles exploring, reviewing, and commenting on the current status, and in most cases, shortcomings, of marketing, education, legislation, and more, with regards to Croatian health tourism.

This section aims to review and present a number of articles and sources discussing health tourism in Croatia, as well as present some original research, reviews of guided tours and interviews of owners and employees of healthcare facilities in Crikvenica and area.

Status in Croatia

Tourism is a long standing tradition and one of the strongest products Croatia has to offer, supporting a good portion of the population; Healthcare is on the same level. (5)

Tourism first started in Croatia on the island of Hvar some 140 years ago with the founding of the Hygienist Society (Croatian, *Higijeničarsko društvo*), and since then has developed, and includes several forms of tourism, including health tourism, but the origins of tourism were indeed health-oriented. (5,10) Dispute exists, some claim Opatija as the birthplace of tourism in Croatia, nonetheless, Croatia was, and still is, rich with natural medicinal resources, and several locations are ideal for climatotherapy, thalassotherapy, and balneotherapy, both inland, and along the coast, due to the climate, sea, and thermomineral springs, as well as mud, for the treatment and rehabilitation of various diseases. (1,5,8) Brijuni, Opatija, Crikvenica, and Dubrovnik were among some of the first towns chosen as the locations for grand hotels which would serve as centres for health tourism on the coast, using thalassotherapy, while inland,

Varaždin, Daruvar, and others, developed thermomineral centres for balneotherapy. (5,10) During the time of Austro-Hungarian empire, these locations were enjoyed by various tourists throughout the whole year, but after World War II, the majority became public property, and served the local population through a national health plan. (1,5) Today, Croatia is limiting access through its national health plan to these facilities and pushing to re-establish and develop health tourism for foreign tourists, and with Croatia's climate, landscape, resources, and telemedicine technology, which was originally developed to serve rural populations, especially on islands, Croatia is an attractive and safe to visit (1,5), although some have pointed out the need for improvement in this area as well, as an important factor in attracting tourists and developing tourism in general. (11) There are many towns and areas which are traditionally considered as ideal spots for health tourism, or have great potential, because of their natural medicinal resources, but listing and describing them all extends beyond the scope of this work. (1,5,8,10) Still, a need exists to re-evaluate these places with modern methods and standards to establish these places as centres for health tourism, outlining which spots are ideal for treating which diseases, and how to properly develop and promote them. (5)

Many experts agree that Croatia faces a number of obstacles today in the development of health tourism, there are four major areas which this first part of this work will investigate, evaluating the current status, the advantages and short-comings, and prospects for the future: Economics, Trends, and Marketing; Education: Moving Forward; Legislation: Missing Links; and Health Tourism Organisations. This work will also take a look at the recent Accession to the European Union, an interesting idea being proposed by political party Nacionalni Forum, Croatia: The European Florida, and Similar Struggle: Concierge Medicine, taking a look at how new approaches to healthcare are being dealt with in the United States.

Economics, Trends, and Marketing

The current trend in tourism, worldwide and in Croatia, shows an increasing demand for elements of healthcare and recreation, in other words, people today want more of a reason to travel than just a chance to get away. (1-6) This increase, from an economic standpoint, has its positive effects, less seasonality, and as a result, better use of tourist resources, including accommodation and catering, greater employment, and revenue. (2,5,12) Healthcare facilities are developing and offering health tourism also, especially spa tourism, as a means to increase clientèle and revenue. (5) When considering medical tourism, Croatia is at a great advantage as these services are still much cheaper than other countries, especially the United States, and they are generally high in quality; Treatments sought after are dentistry and plastic surgery, including face lifts, liposuction, and breast augmentation. (5,9,13)

Worldwide trends among the working population, the ageing, retired population, and women, are propelling the growing trend of health tourism. (5) The working population, with urban, stressful lifestyles, are among the most interested in short trips with quality health and spa treatments to quickly and effectively recuperate and relax. (2-5) Worldwide, especially among Western populations, the elderly is a growing population, who have the time and funds, as well as the need for healthcare, and this is another population increasingly interested in health tourism. (5) Some, seeing the potential here, are further exploring this population, investigating various activities and nutrition, available in Croatia especially, and their benefit to the elderly. (15,16) A registry of tourists visiting Croatia has been suggested, keeping track of age and other demographic data, arguing this data would help develop health tourism. (15) Women, who are usually more health-oriented than men, especially, middle-aged, educated, and wealthy women, are also attracted to the prospects health tourism. (5)

Another interesting trend helping to propel health tourism is the fact that consumerism

has expanded to almost every aspect of life, including healthcare. (5) People want to be able to shop around, and pick their choice of healthcare or treatment, and people are in general more health-oriented today, looking to lead healthy, active lifestyles. (5) The key, with both the populations mentioned in the previous paragraph, and the trend just mentioned, is the need to develop wellness and spa tourism, and improve marketing. (5,12-14)

In Croatia, almost every major hotel offers spa treatments, however this is usually in the form of massages and saunas only, which is not enough. (5,13) There is a growing demand for newer, specialised treatments, which include massages and saunas, but also yoga, acupuncture, recreative activities such as sports, educative workshops on healthy living and diet, anti-smoking programmes, and anti-stress programmes. (2-5) The goal among managers and marketers of hotels should be to create a unique destination, people should want to come to the hotel for its offer, not rely on the area and its offer, which would decrease seasonality and allow for economic advancement. (5)

Marketing, advertising and promotion, is also inadequate, of course, the problem when advertising health-related services and activities is additional laws which regulate this area of advertising, to protect the general public. (5,12-14) Still, one of the major details lacking are organised packages which include accommodation, catering, and a slew of activities, including healthcare services and activities. (5,12-14) Packages could be organised to appeal to different groups – family packages, for couples, for children, etc. (5) Agencies should do their part to organise collaborations between hotels and health facilities, accommodation and healthcare, making it easier for potential tourists to plan a trip. (12-14) The Internet must also be considered more, as this is a tool almost everyone uses in their daily lives for everything – education, work, entertainment, and more. (5,13) Facebook ads, and Google ads by extension, are based on an effective and affordable principle, the advertiser pays per click, when a user

actually clicks on the ad, directing the user to the advertiser's website; These ads are described in one article as a suggestion for modern advertising over the Internet. (13)

Education: Moving Forward

Institutions and programmes in medicine and tourism which educate students and produce staff for the medical and tourism fields, as well as research and produce information in their respective fields, are well-established in Croatia. There are four universities which have medical faculties, in Zagreb, Split, Rijeka, and Osijek, offering six-year, integrated undergraduate and graduate medical study programmes, among other healthcare programmes. The Faculty of Economics in Zagreb and Split, have some programmes related to tourism, but the Faculty of Management in Tourism and Hospitality in Opatija leads with its programmes for management in various areas of tourism. (6,17) Clearly, institutions and experts in Croatia exist to produce new staff and information in the fields of medicine and tourism, but many agree that the resources to bring the two together are missing, namely education. (6,17,18) Students studying in tourism programmes are lacking education about basic healthcare and how it can be utilised with tourism, and students in healthcare programmes lack business and tourism. (6,17) As a result, in 2011 the University of Rijeka created the postgraduate interdisciplinary specialist study programme in health tourism (Croatian, *poslijediplomski interdisciplinarni specijalistički studij „Zdravstveni turizam“*). (6,17,18)

The programme, which opened in 2012, is now in its second year, and the first string of students are about to graduate, with positive feedback. (19) The programme is organised over two years, or four semesters, as a collaboration between the Faculty of Humanities and Social Sciences, School of Medicine, and Faculty of Tourism and Hospitality Management, with support of local and foreign institutions. (6,17-19) The programme is open to students

who have completed a graduate university programme in the social sciences, biomedicine or health, or related fields. (6,17-19) The programme has just under 10 compulsory courses teaching the basics of economics, tourism, and healthcare, and just over 50 elective courses, ranging in a number of topics, from forms of alternative medicine, to management techniques, and much more, which allows students to tailor the programme to their interests. (6,17-19) University specialist in health tourism is the title received upon completion, and it is hoped that these graduates will help promote and develop health tourism in Croatia. (6,17-19)

Besides a need for new professionals educated in basic medicine and tourism to serve as a link between the two, some experts believe that professionals in the tourism field should, in general, be educated and trained in basic medicine. (20) The idea is, these professionals should be able to recognise the threats of tourist-related activities, as well as basic healthcare, recognising when a person is ill, when and how to provide first aid, etc. (20) This idea falls more within the domain of travel medicine, but provides another example of the lack of coordination between the fields, and the importance of such a collaboration. Others explore the need for management and continuous education of healthcare professionals, especially doctors in existing health tourist resorts as the key to ensuring quality and growth. (21,22)

Legislation: Missing Links

Many experts agree, there is a lack of education, or rather, there is a link in education which is missing, to combine the fields, and to develop health tourism in Croatia, likewise, many feel a lack of legislation, or another missing link, is also responsible for hampering development. (5,6,12,14,23,24) There is some disagreement (1), that existing legislation, with minor amendments, is adequate, however, most experts put the blame on existing legislation as a prominent obstacle. (5,6,12,14,23,24) Some claim a development strategy in general,

based on thorough research is lacking. (12) Four major acts exist, claimed as problematic, that govern the institutions and services in the medical and tourism fields, each missing the points which would serve to link the two: The Hospitality Act (Croatian, *Zakon o ugostiteljstvu*), Institutions Act (*Zakon o ustanovama*), Tourism Services Act (*Zakon o turističkoj djelatnosti*), and Health Care Act (*Zakon o zdravstvenoj zaštiti*). (5,6,12,24) The former three mentioned describe the institutions or establishments that may legally exist, the services they may offer, in the medical and tourism fields respectively, but fail to allow medical institutions to offer tourism-related services, such as accommodation and catering, and similarly, fail to allow tourist establishments, hotels and the like, to offer healthcare services, as would be required for health tourism. (5,6,24) The latter act is claimed as problematic, particularly Article 25, which allows legal enterprises to offer healthcare services, but without reimbursement from the Croatian Health Insurance Fund (*Hrvatski zavod za zdravstveno osiguranje*). (5,6) Currently, the demand for health tourism in Croatia is not as strong as it could be, and without reimbursement from the government fund for health services, there is not enough business, and as a result, incentive to open and develop health tourist facilities. (5) A framework for new legislation has been proposed, which defines various terms related to health tourism, and also describes a possible star system for spa tourism. (23) Some research supports the idea that accreditation or categorisation like this should be applied to aspects of health tourism, and has the potential to promote health tourism. (25)

An interesting article *How a Kurort (Health Resort) was Tempered*, by Amir Muzur, takes a historic look at health tourism regulation in two specific examples of Opatija and Lovran, it also mentions regulation in Crikvenica, as well as the current status of regulation already discussed. (24) Opatija developed under the Austro-Hungarian Empire ideally situated on the coast, protected by Mount Učka, and Lovran similarly flourished, some may argue that

its position is even better than Opatija's, although Lovran undoubtedly developed as a result of Opatija's development. (24) Opatija was declared a *Kurort*, or health resort, by a law signed by Emperor Franz Joseph I and Prime Minister grof Taaffe in 1889, and it was this law and succeeding laws which outlined the area which would serve as a health resort, the institutions which may be established, standards, such as hygiene, which must be fulfilled, and the power to collect taxes. (24) A similar law was created for Lovran, and conditions were even better in the neighbouring Hungarian part of the Hapsburg Monarchy, which included Crikvenica, where the Public Health Regulation Law, created in 1876, regulated healthcare and standardised several elements of health tourism, including healthcare facilities and services, and adequate beaches. (24) Without going into much more detail, it is clear that laws existed in the past which regulated and promoted health tourism, but somehow they were lost, nonetheless, these are the types of laws which are being sought after today. (2,5,24)

Health Tourism Organisations

Despite the missing links in education and legislation, organisations exist in Croatia which help fill the links by bringing together and representing institutions and professionals offering activities and services in health tourism. (5,6,23,24) These organisations promote and provide support by holding conferences, publishing literature, and more. (5,6,23,24)

The Health Tourism Association of Croatia (Croatian, *Zajednica zdravstvenog turizma Hrvatske*) of the Croatian Chamber of Economy (Croatian, *Hrvatska gospodarska komora*) is responsible for joining and representing the interests of 18 member institutions, 9 of which are continental balneotherapy institutions and 9 seaside thalassotherapy institutions. (5,6,23,24) The Health Tourism Association is a strong advocator of using natural resources, promoting the idea that these resources give Croatia an edge over others in health tourism. (5,6,23,24)

Also, this organisation is constantly working and lobbying for legislative change, and is responsible for discovering and pointing out the deficiencies in current legislation. (5,6,23,24)

Similarly, the Committee for Health Tourism and Medicinal Elements (Croatian, *Odbor za zdravstveni turizam i ljekovite činitelje*) of the Academy of Medical Sciences of Croatia (Croatian, *Akademija medicinskih znanosti Hrvatske*) is another organisation which namely researches and promotes the use of natural resources in health tourism. (5,6,23,24) Over 200 locations in Croatia have been registered through this organisation as ideal for providing healthcare using natural medicinal resources. (5,6,23,24)

The Reference Centre for Health Tourism in the Republic of Croatia (Croatian, *Referentni centar za zdravstveni turizam Republike Hrvatske*) of the Ministry of Health (Croatian, *Ministarstvo zdravlja*) in Opatija is another body which exists, responsible for creating a development strategy for health tourism in Croatia, as well as producing guidelines for developing health tourism activities and services. (5,6,23,24)

Accession to the European Union

A relatively recent journal article by Rajko Ostojić, Vlatka Bilas, and Sanja Franc, explores, as the title itself suggests, the accession of Croatia to the European Union (EU), focusing on the potential effect on the healthcare system. (26) The article efficiently describes the regulations which govern and shape the EU, and also presents the opinions collected through interviews of several healthcare professionals on the subject. (26) If one word could summarise the main objective of the EU, that word would be mobility; Each member state has its autonomy, but strives to fulfil and follow the guidelines and standards set forth by the EU, to achieve equality, which also holds true for healthcare. (26) There are a number of strategies and funds in place which aim to promote and develop healthcare among the member states,

and allow citizens to obtain healthcare anywhere in the EU, in some cases, treatment which is otherwise unavailable at home, as well as improve movement of information, equipment, and pharmaceuticals. (26) To name an example or two, the strategy: “Together for Health”, aims to improve the health of European citizens, promote innovation and technology, and improve a response system for health threats; Another example is the Cohesion Policy and Fund, whose purpose is to reduce inequalities among the member states. (26) These are the benefits, and the majority of interviewees agreed, which will be available to Croatia upon its accession, still some fear repercussions, namely that a number of healthcare professionals will leave, but few will come. (26) Some interviewees also described, which is the most interesting point from the article for this work, the potential to take advantage of EU mobility in combination with Croatia's natural, medical, and touristic resources to develop health tourism. (26) Although, one concern, not mentioned in this article, is the fact that the EU may equalise, or significantly reduce differences in the cost of healthcare between European countries and Croatia, which is one of the advantages Croatia currently possesses for health tourism, especially medical and dental tourism. (13)

Another interesting article by Anita Rengel also deals with the possibilities upon joining the EU, but with regards to organic products. (27) Although this is not directly related to healthcare or tourism, there are certain parallels which can be realised, and ideas which can be applied. In short, the article discusses the increased demand for organic products, or healthier living in general, especially within the EU. (27) Croatia has the resources to produce organic products, as well as finished products, such as Pag cheese, and Dalmatian prosciutto, to name a couple. (27) These products, besides being organic, are distinctly Croatian as well, giving them an edge on the European market. (27) The best part is, Croatia's organic products are not entirely foreign on the European market, making this an area worth developing. (27)

Croatia: The European Florida

The platform of growing political party Nacionalni forum (English, *National Forum*), lead by ophthalmologist turned businessman Nikica Gabrić, is based on the idea that Croatia is an ideal environment for Northern Europeans to retire, similar to the idea that Americans commonly retire in Florida. (28-30) This is related to health tourism, since the ultimate goal is to attract several European retirees to Croatia and to extend the tourist season to half the year, beyond the meagre few months in summer. (28,30) The premise is since the weather is milder, people can enjoy the outdoors, which is a healthier lifestyle than being cooped up indoors during the cold winter months. (28,30) More tourists means more spending and more work, including accommodation, food, and even healthcare, as most retirees require some form of healthcare. (28-30) Economic growth for Croatia follows, tourism would be a strong export, and as added bonuses, tourism is a relatively clean industry, with minimal pollution, and retirees would even save money retiring in Croatia versus at home, it's win-win. (28-30)

Similar Struggle: Concierge Medicine

A newer healthcare business model in the United States known as concierge medicine, although not directly related, does present parallels with the development of and possibilities for health tourism in Croatia. Concierge medicine, also known as boutique medicine or retainer practice, is an alternative style of providing healthcare, where patients pay a monthly or yearly fee for healthcare services which are normally higher in quality. (31) As physicians practising concierge medicine usually take on less patients, this ensures greater availability, longer exam times, in general, a stronger patient-physician relationship. (31) Some have combined modern technology with this model, developing and making use of social media, including social networks and weblogs to better connect and communicate with patients. (32)

Dissatisfaction, amid patients and physicians, is the main reason claimed for the emergence of concierge medicine, physicians argue administrative demands are overbearing and straining, while patients complain of long wait times, short appointments, and impersonal care. (31,33) This model of healthcare seeks to remedy these problems, and also give physicians more time for family, as well as to pursue other endeavours in prevention and public health, and some see the potential for this model to help fund hospitals. (31) Naturally, no model is perfect, and ethical and legal issues exist, including patient selection, where sicker patients are avoided; issues regarding paying additional fees in addition to paying for a health plan; and a lack of adequate regulation and standards. (31,33) Despite this, concierge medicine is moving forward as a viable business model, some physicians with successful concierge practices have opted to sell their business model to other physicians, and associations have formed to help promote and develop concierge medicine and other innovations in healthcare. (31,33).

Crikvenica Riviera

The Crikvenica riviera, with Crikvenica as the main representative town, surrounded by several smaller towns, such as Jadranovo, Selce, Novi Vindolski, and Povile, is situated within Primorsko-Goranska County (English, *Coastal-Hillside*). (5) The city of Rijeka serves as the administrative centre for the region, there are many towns along the coast with cultural, historical, and touristic traditions, and less than an hour away, there are mountains, or islands, which make for an appealing location. (5) Crikvenica has a rich history of tourism, including health tourism focusing on thalassotherapy, going back as far as 1888, when Crikvenica founded its first public beach. (34) Soon after, favoured by Archduke Joseph von Hapsburg, the Austro-Hungarian Empire invested in hotels in the area, in fact, the first hotel was named after Archduke Joseph himself, which was later renamed in 1900 as Therapia. (34) A number

of names followed, doctors, opening villas and sanatoriums to take advantage of the area for the treatment of various diseases, at one point, there were almost ten health resorts or sanatoriums open in Crikvenica. (34) Unfortunately, after World War II, the majority of these places closed, Thalassotherpia Crikvenica remained, with the relatively recently opened Terme Selce in the neighbouring town. (34)

This second part of this work will showcase the healthcare facilities in Crikvenica and the surrounding area, and in doing so, present Crikvenica as an example of the current status and prospects of health tourism in Croatia. Thalassotherapia Crikivenica and Terme Selce are the two largest facilities located in the area which promote and utilise health tourism, while other smaller healthcare facilities are also presented for good measure. This section, besides presenting what is reported in current literature, also presents the results of guided tours and interviews with employees of Thalassotherapia Crikvenica and Terme Selce. And, to conclude this part of the paper, Tourist Village Povile: Untapped Potential, is presented as an example to show another current problem in Crikvenica and area, the case of several run-down hotels and other facilities which once catered to tourism in the area.

Thalassotherapia Crikvenica

Thalassotherapia Crikvenica, as it stands today, is the result of over 100 years of development and tradition that began at the end of the 19th century, when doctors recommended Crikvenica as an ideal place to relax, recover, and treat disease, especially respiratory diseases, because of the high number of sunny days, the high concentration of salt in the air, the protection from strong winds, and the numerous, long pebble beaches. (5,35,36) The modern Thalassotherapia Crikvenica received its beginnings after World War II, in 1948, as the Primorka Recovery Centre for Reconvalescing Children (Croatian, *Oporavilište za*

rekonvalescentnu djecu „Primorka“), which later, in 1960, became the Primorka Institute of Thalassotherapy (*Zavod za talasoterapiju „Primorka“*), which was established by Dr. Pansini of the Paediatric Clinic of Zagreb. (10,35,36) In the same year, 1960, the Institute of Thalassotherapy of Diseases of the Ear, Throat, and Nose (*Zavod za talasoterapiju bolesti uha, grla i nosa*) was established in the Therapia Hotel, based on the initiative of Dr. Šercer and Dr. Padovan of the Otorhinolaryngology Clinic of the Dr. Mladen Stojanović Hospital, today the “Sestre milosrdnice” Hospital (English, *Nuns of Mercy*), in Zagreb. (35,36) In 1967, these two institutes were unified as the Hospital for the Treatment and Rehabilitation of Respiratory Organs (*Bolnica za liječenje i rehabilitaciju dišnih organa*), where today's Thalassotherapia Crikvenica stands. (10,35,36) The hospital received a higher status in 1979 and was renamed the Special Hospital for Rehabilitation and Treatment of Respiratory Organs and Rheumatism (*Specijalna bolnica za rehabilitaciju i liječenje dišnih organa i reumatizma*), and in 1995, the hospital was renamed as the Special Hospital for Medical Rehabilitation (*Specijalna bolnica za medicinsku rehabilitaciju*), as it is known today. (10,35,36)

The hospital offers healthcare and employs a number of specialists and support staff in four major areas – otorhinolaryngology, internal medicine (pulmonology), physical medicine, and paediatrics, focusing on treatment and rehabilitation of respiratory and rheumatic diseases mainly using principles in thalassotherapy, but also conventional medical practices. (5,35,36) Healthcare is provided for conditions and diseases of the upper and lower respiratory organs for the most part, and rheumatic diseases, but also other areas of otorhinolaryngology, including audiology. (35,36) Treatment includes a number of thalassotherapeutic methods, including breathing in sea aerosols and bathing in sea water, indeed, the hospital is staffed and equipped to administer these methods, including a pool filled with heated sea water. (35,36) The hospital also caters to children, not only treating respiratory diseases, allergies, as well as

dermatological conditions which respond to thalassotherapeutic principles, but by organising a school programme, so that children do not fall behind. (35,36)

Guided Tour and Interview Report

An informative tour and interview was kindly provided by Dr. Silvije Šegulja, paediatrician at Thalassotherapia Crikvenica, who, fresh from a conference where the hospital and its work was presented, had a lot to say about and expressed a confidence in the hospital and the direction it is heading. The hospital is situated right on the coast in Crikvenica, separated from the beach by only a road. What sets Thalassotherapia Crikvenica apart from other hospitals in Croatia is in the organisation of its services, where basic healthcare, and hospital-style accommodation and catering is readily available to Croatian citizens, covered by the Croatian Insurance Health Fund, but the hospital also provides its services, including hotel-style accommodation and catering to the open market, especially tourists.

The main building houses the reception; The hospital and some hotel accommodation; examination rooms for otorhinolaryngology, pulmonology, and physical medicine; Spaces for inhalational and physical therapy; And the hospital pool. Conference rooms are also located within the main building, and Thalassotherapia Crikvenica caters to some conference tourism. The paediatric department is located within another building near the hospital administration and gymnasium. The hospital also owns and manages a couple of buildings with rooms and suites for rent, and works with a local tourist agency to advertise and secure various guests. These suites are strictly open market, these guests may not be patrons of the hospital at all, although hospital services are always offered with the suites. Hotel Mediteran neighbours Thalassotherapia Crikvenica, and the two work together, as evident by the hallway connecting the main buildings. This collaboration is beneficial, as the hotel provides additional services, including spa treatments, as well as accommodation. On the north side of the property,

outdoor space is in development which will be equipped with various exercise equipment, and the hospital also has a concession on the adjacent beach which it is also currently developing.

As for the services provided by the hospital, as listed on the website, paediatrics, otorhinolaryngology, pulmonology, and physical medicine are offered, of course, the hospital is not as staffed or equipped as say the Clinical Hospital Centre in Rijeka for example, therefore, primary care will send patients which the hospital is able to treat, chronic and rehabilitation cases which are not as urgent, but fewer acute cases or cases requiring surgery which are handled in Rijeka. Still, a certain level of care must be provided, and the hospital collaborates with nearby Poliklinika Katunar (English, *Katunar Clinic*) as a result, which fills in some of the gaps, such as x-ray imaging services, paid for by the hospital as needed. Thalassotherapy, however, is what really sets the hospital apart from others, including a pool filled with sea water directly pumped from the sea, and equipment for inhalational therapy, which a hospital like Rijeka does not have, also putting sea water to use. Today, sea water which is processed by a third party and bought by the hospital is used, Aqua Maris, however, the hospital did pump and process sea water on its own for a time, which was just as safe and effective, minus the occasional infection. On the effectiveness of thalassotherapy, especially in comparison to conventional medicine, such as medication or surgery, Dr. Šegulja explained thalassotherapy is highly effective, and actually falls within conventional medicine, but it has been marginalised, possibly due to the influence of the pharmaceutical industry.

Many of the topics discussed in this work – marketing, education, legislation – were discussed during the tour and interview, and the majority of points already described earlier were confirmed by Dr. Šegulja. On education, Dr. Šegulja mentioned two employees, the head of the hospital, Damir Lončarić, and another employee, were about to finish the programme for health tourism in Opatija described earlier. He feels that the programme will help improve

the hospital, and that all institutions with potential for health tourism should have managers educated in such a programme. On legislation, Thalassotherapia is an example of the issues mentioned earlier, as confirmed by Dr. Šegulja, as a hospital, the hotel-style accommodations can not be categorised in the star system, and promoted within that system, despite fulfilling all the requirements. On the European Union, Dr. Šegulja explained that the mobility system for patients is already in effect, that patients from European countries can come to Crikvenica for treatment, and are fully reimbursed upon returning home. However, he feels that a system should be developed so that institutions can directly deal with the health insurance plans of European countries, relieving the responsibility of the patient to seek reimbursement, and therefore, possibly promote more patients to travel for treatment.

One more interesting topic Dr. Šegulja described was on the monopolistic character of the Croatian Health Insurance Fund, which may hamper the development of the hospital and quality of care. Apparently, the health fund determines and regulates diagnostic procedures and treatment – how long each should take, materials to be used, and of course, compensation. Currently, the law in Croatia does not allow any other enterprise to sell health insurance, which means institutions and practices working with and who rely on the national health plan, are at its mercy. As a result, staff, material, and equipment the hospital may need to improve its level of care, may not be a sound investment for the hospital, if the health plan does not compensate adequately. For example, were the hospital to purchase an expensive piece of medical equipment, the compensation for the diagnostic procedure or whatever it may be, must be able to pay for the equipment at the very least, otherwise, money will be lost instead of earned, as a result, the hospital does not make such purchases, which may reduce the level of care, if the hospital does not develop and invest in new equipment. Dr. Šegulja mentioned more staff at the hospital would help also, as patients who privately pay for services usually

expect more face time with doctors, since these patients pay more than the health plan pays for its insured patients, the hospital strives to fulfil this request. Quality of care, Dr. Šegulja assured, is not actually better, private or insured patients receive the same care, but the fact of the matter is, paying customers expect, should, and do, receive more face time with doctors.

Terme Selce

Terme Selce, located in Selce, a small town neighbouring Crikvenica, was opened over 20 years ago by husband and wife, doctors Ivan and Vlasta Brozičević. (37) The facility employs about 30 people – doctors, nurses, physical therapists, cosmeticians, and support staff – including Dr. Ivan Brozičević, cardiologist, and facility head; Dr. Vlasta Brozičević, physical medicine and rehabilitation specialist, and doctor of the Croatian Ski Team and more; and daughter, Iva Brozičević Dragičević, clinical sport psychologist. (37) The facility offers an array of medical services and accommodation, the focus being on physical medicine, rehabilitation, and services which would fall under wellness and spa tourism – massage, cosmetics, weight loss, as well as an extensive sport programme, working with athletes, focusing on sport-related injuries, preparation, and training. (37) This is merely a glimpse at the services listed on the Terme Selce website, which goes into much more detail outlining general services offered, programmes, packages, etc. (37) A couple of more interesting facts, according to their website, Terme Selce boasts clients from over 70 countries, as well as training and successful rehabilitation of 120 professional athletes. (37)

Guided Tour and Interview Report

A tour of the facility and interview with the head of the facility, Dr. Ivan Brozičević, was very informative and impressive. Terme Selce was opened, as previously mentioned, more than 20 years ago, but even before that, both Dr. Ivan and Vlasta Brozičević worked in

health tourism at Thalassotherpia Crikvenica, where Dr. Ivan Brozičević was in fact head of the hospital. Both contributed to many boards promoting and developing health tourism, including a board which unified interests in health tourism across the republics of Yugoslavia, however, as Dr. Ivan Brozičević himself lightheartedly said, this was short-lived.

Terme Selce is a completely private enterprise offering medical and touristic services, naturally, due to the current legislation situation, these services are separately registered, but co-exist under the same roof. The facility, open all year long, is located in a three story house, where various examination and treatment spaces are located on the ground and first floor, along with the main reception, and accommodation is located on the second floor. Much of the walls of the facility are adorned with sportswear signed by various athletes, including well-known football player, Modrić, and Olympic skier, Kostelić. The facility is equipped with a slew of cutting edge equipment for physical medicine – equipment for therapeutic ultrasound and magnetic resonance, hypobaric therapy, proprioception exercises, and kinesiotherapy. When asked about being open to new equipment and methods, Dr. Brozičević commented that it is a necessity to have a unique offer to attract clients, especially for Selce, which is a relatively small town in Croatia.

The biggest struggle Terme Selce has, as described by Dr. Brozičević, is the lack of cooperation or collaboration of local hotels and other tourist services. Terme Selce offers various medical-related services, and although it does offer some tourism-related services, these are limited, and it would be helpful if local hotels worked with Terme Selce to provide accommodation, catering, and other services, which would supplement the healthcare services Terme Selce provides. Many clients come specifically to Terme Selce, some are in Croatia for the first time, and since they have come all this way, it makes sense to see Croatia.

Other Healthcare Providers

A number of public and private clinics and practices exist in Crikvenica and nearby, which offer healthcare services. Public healthcare facilities include a large complex offering primary care and emergency services in Crikvenica, and each nearby town has a practice offering primary care. Of course, these public facilities are intended for the local population, and are not designed to cater to the tourist offer other than to provide emergency services, which falls in the domain of travel medicine. However, there are a few private practices and businesses which provide healthcare, and as more business-oriented facilities, these facilities may have more to offer to tourism. Poliklinika Katunar (English *Katunar Clinic*), Stomatološka poliklinika Kalmar (*Kalmar Dentistry Clinic*), and Centar zdravlja Onda Bribir (*Onda Bribir Health Centre*) are three such examples in Crikvenica and Bribir, respectively. Unfortunately, these facilities were unavailable to comment.

Poliklinika Katunar, opened in 1994, offers an array of healthcare services, and besides catering to the locals, the clinic also boasts a well-established tourist practice. (38) The clinic has a house staff of doctors, nurses, laboratory technicians, and cooperates with a number of specialists to offer primary and specialist care in the fields of internal medicine, gynaecology, and optometry, as well as laboratory work and medical imaging. (38)

Stomatološka poliklinika Kalmar, similar to Poliklinika Katunar, seems to be equally well-established, staffed, and equipped, but for dentistry instead of medical services. (39) Kalmar offers aesthetic treatments, imaging, periodontology, prostheses and implants, and other oral surgery. (29) As the Kalmar website is offered in both Croatian and Italian, it can only be assumed that Kalmar also caters to tourists, especially Italians. (39)

Centar zdravlja Onda Bribir, located in the small town of Bribir, a town more inland from the coast, situated in a valley which opens up towards Novi Vinodolski, offers a number

of services which fall under spa tourism – massages, cosmetic treatments, and more. (40)

One more facility, a four star hotel instead of a healthcare facility, worth mentioning is recently re-opened, as of May 8th, 2014, Therapia Hotel, renamed to Kvarner Palace Hotel after it was sold by previous owner Igor Štimac, and bought by current Austrian hotelier Wilfried Hollies in early 2013. (41,42) The hotel had been renovated prior to the sale in 2005, and has been additionally renovated since the purchase, and now hosts a large wellness centre equipped with various baths, saunas, and pools, offering massages, cosmetic treatments, and physical therapy, returning the hotel to some of its original glory. (42)

Untapped Potential: Povile Tourist Village

About three kilometres down the road from Novi Vindolski, towards the town of Senj, is Povile, a picturesque small town which once hosted a successful tourist complex, complete with a central reception and restaurant, four pavilions, tennis courts, autocamp ground, and just over 25 bungalows; In short, the complex could accommodate over 500 guests. (43) Unfortunately, today, the complex is completely run-down, it has been for almost 20 years, and what is worst, this is not the only example of complexes, hotels, or the like in the area, which have the potential to accommodate and stimulate tourism, including health tourism, but for whatever reason, are not operating, and are slowly deteriorating. (44-45) These hotels and other facilities, situated in attractive sea-side locations, are not hidden from the public, and likely, with their run-down appearance, hinder the development of tourism in the area. (43-45)

Discussion

Out of all of the topics presented above in the Review and Research section, it is likely that concierge medicine stands out the most, as it has almost nothing to do with health tourism in Croatia, however, this new business model, making its mark in the States, was presented for a couple of reasons. One, concierge medicine could prove to be a sound business model for healthcare in Croatia, especially among various tourists, and two, the main reason, concierge medicine presents several parallels with development of health tourism in Croatia, and serves as an example of the innovation and initiative that continues to push America forward as a leader in many fields in comparison to Croatia. Granted, making a comparison between America and Croatia may not be feasible, since Croatia is a fraction of the size, still, as a part of Europe, Croatia should have as much potential as any American state or city, and as such, it is the differing mentality that is the focus of this comparison.

Europe was always ahead of America when it came to producing information, but America was always better than Europe when it came to practical applications of information, its “can-do” spirit. (46) Penicillin was discovered by British scientist Alexander Fleming, but Americans first developed and mass-produced penicillin into an effective antibiotic. (46) Despite the fact European and American healthcare systems greatly differ, as primarily public and private based systems respectively, concierge medicine is an example of the imagination, ambition, and bravery in America, lacking in Europe, and Croatia.

Comparing the development of health tourism and concierge medicine in Croatia and America respectively, there are similarities. Health tourism is not a new idea for Croatia historically speaking, but it did disappear for awhile before making a resurgence, and as such, it can be considered a new idea, just like concierge medicine in America. Concierge medicine, despite being a new idea, despite lacking research, adequate regulations and standards, and

education, much like health tourism in Croatia, is still moving forward. The business model and all the other aspects are being developed alongside functioning businesses. This courage is lacking in Croatia, and it is unclear why, and how this can be challenged and changed.

Concierge medicine, the secondary reason this topic was presented, is also a model which could be applied to a tourism setting. When considering health tourism in Croatia, focus should be on tourism as an export, on foreign tourists, not residents. With this in mind, consider a tourist visiting Croatia, the region and language are unfamiliar, and this person has the unfortunate luck of falling ill. Clinics exist to handle such cases, but to find these clinics and then communicate, this person is at a disadvantage. A concierge doctor could provide better care, coming to the patient, and taking into consideration the nature of being a tourist, serve as a guide and interpreter, organise specialists if needed, and more. These services could be sold as a type of health insurance, by tourist agents, while organising a visit. If enough of these packages are sold, this could keep the cost down, making this a good offer for tourists. Of course, this falls more within the domain of travel medicine than actual health tourism.

Coming back to the topic of health tourism in Croatia, a common theme discussed is the idea that a link is missing between medicine and tourism to bring the two together, where education and legislation are common examples. The creation of a study programme was suggested and developed, and perhaps the stagnation to remedy the legislation problem exists because new laws are wanted, instead of amending current laws. Whether education or legislation is considered, it is clear that the two are already well-established and functioning for both medicine and tourism, and new programmes and laws may be on the drastic side considering Croatia's current status, especially when minor changes could also be effective, easier to implement, and cater to more people.

Tourism graduates, despite the new programme, will still be unaware that medicine is

available to the tourist offer. New courses should be developed within existing programmes, to educate and promote the utilisation of health-related activities and services. Likewise, within existing health-related programmes, a new course could be developed, maybe not solely on health tourism, but a course to describe the possibilities for healthcare professionals outside the healthcare system, not just in hospitals, clinics, medical practices, but elsewhere, including the field of tourism. It is clear there are missing links, and the new programme will surely help, but creating a new programme versus new courses within existing programmes, requires much more time and effort, and it may not be as effective, since a lack of education will still exist among the majority entering the medical and tourism fields. Creating courses within existing programmes could reach more students, and may affect more change.

In any case, the setup of the health tourism programme is particularly interesting and well-done, offering a smaller number of compulsory courses to develop a base in the aspects of health tourism, and then a larger number of elective courses, allowing students to tailor their interests. This is similar to programmes offered in the States and elsewhere, which stimulate students to become more independent, to think, and make choices early on, instead of simply forcing a massive amount of theory on students, which is often the case in Croatia. Stimulating students to be innovative and take initiative would help develop any area, not just health tourism, but this is an issue which falls more to the education the system in Croatia.

Where a solution was suggested and developed in education, whether it is practical or not, at least something was recently done, unlike in legislation, the other missing link. Still, legislation does not seem to be as problematic as claimed, not for everyone, although it is unclear how legislation affects some more than others. Considering Crikvenica as an example, Thalassotherpia Crikvenica as a public, and Terme Selce as a private institution, it is unclear how Terme Selce managed to find, let's call it, a loophole in the legislation, and functions as

both a registered clinic and separate company for tourism under one roof, and Thalassotherapia Crikvenica, despite owning and managing property which is solely open to the private market, is unable to take advantage of the same loophole, to create, own, and manage a company for tourism. New laws may make things easier and more secure to do something like this, but it seems that new laws or amendments are not in the near future, and instead, like concierge medicine, which is also lacking adequate legislation, health tourism should move forward, the best that it can with the current status of legislation. Plus, despite the lack of legislation, organisations exist which should provide adequate support, and institutions with the potential for health tourism should continue to rely on them, again, similar to concierge medicine in America.

One thing that has the potential to promote development is better compensation from the Croatian Health Insurance Fund, for public institutions, and it should allow patients to seek care at and compensate private institutions as well. If the fund is unable to afford this, then laws should be amended to allow other insurance firms to provide healthcare insurance, in order to better stimulate development and progress.

Admittedly, it is easy to criticise, and the situation may not be that simple, especially with the accession to the EU, and all the changes which will be expected of Croatia. Hopefully, the demands of the EU for Croatia will not put too much strain on Croatia and shift the focus to other areas, instead of developing Croatia's largest industries, healthcare and tourism, especially tourism as Croatia's largest export. The EU should stimulate change and development, namely by improving mobility and attracting people from European countries, especially if a system like Dr. Šegulja described, cutting out the patient as a middle man between insurance or health plans and hospitals, could be established. It is clear that Croatia is on Europe's radar, just like with its organic food products, it is Croatia's unique offers that

give Croatia an edge in Europe, and now is the time for Croatia to take advantage of that.

Seasonality is a prominent obstacle in Croatia, all the accommodation, catering, and other services become virtually unused in the winter months. Nacionalni Forum's platform, their idea to promote Croatia as the European Florida would help to remedy this problem, and perhaps this is an idea that even existing hotels could take advantage of to reduce seasonality. The capacity exists, and there is a whole continent of an ageing population which would surely enjoy and benefit from staying in Croatia during the winter months. This is an area Croatia should investigate, it is unclear why this area has not yet been capitalised on, perhaps inadequate accommodation, marketing, or even laws, but these are all areas which can be adapted accordingly. Accommodations can surely be adapted for an older population – lifts, additional bars and the like for people who have a hard time moving around, and care, there is no reason a hotel could not employ healthcare professionals. Perhaps pricing is too high for the current offer, just accommodation and catering, price could be lowered, or a better effort could be made to include activities and healthcare, without changing the price much, and create an offer which is more attractive, in any case, it is surely better to have some revenue than none at all. Perhaps laws do not allow tourists to stay for months at a time, but now that Croatia is a member state of the EU, this will become less of an issue.

Marketing in the above case, but also in general, is definitely lacking, despite the fact that the resources exists. Someone needs to make the first move, either hotels or agencies, or healthcare institutions or professionals, in any case, the lack of collaboration is unacceptable. Accommodation and catering needs to be packaged together with healthcare programmes and sold, this would be beneficial for both parties. Consider hotels in the Crikvenica area which are lacking customers in winter, and Terme Selce, who with their health-oriented programmes, attract clients all year long, but are lacking accommodation. Together, these services would

fulfil one another's needs, it is up to a tourist agent, a marketer, to package the two at some promotional price, and increase the number of clients and revenue for everyone involved.

There seems to be an overall lack of understanding or appreciation for advertising and marketing in Croatia. Investing in developing and improving facilities, staff, and programmes, means nothing without clients, and this is where advertising and marketing comes in. Advertising gets the word out, and marketing is what makes a product or programme appealing, taking into consideration consumer needs, clever packaging, and more.

Crikvenica and area was selected as a example to study and showcase the status and prospects of health tourism in Croatia, not only due to personal interest, but because the area is truly an interesting example with an ideal climate, and a number of prosperous institutions which cater to health tourism. What is even more interesting is the ability to compare publicly and privately owned and managed institutions, Thalassotherapia Crikvenica and Terme Selce respectively, as well as others, who unfortunately were unavailable to comment. Some points were already discussed regarding these institutions above, namely legislation and marketing, but there are some more points which are interesting to discuss. One such point is, perhaps because of the respective public and private ownership, the areas these institutions focus on, one based in medical tourism, the other including more spa tourism. Terme Selce, because of its private ownership, it is safe to speculate that they follow and strive to fulfil demands and trends which are current, and with the strong offer in various elements of spa tourism, which current trends support, they are clearly developing this area as a profitable avenue. Also, catering to specific groups, like athletes, is also a good way to attract clients, all year long. Thalassotherapia Crikvenica, on the other hand, is clearly still more public-hospital-oriented with programmes based in medicine, and could stand to develop wellness and spa tourism as part of their offer – the accommodation, professionals, and space is there, it's just a matter of

expanding it to cater to this area. Hotel Mediteran does cover this area, but the hospital should be more competitive, if it already sells accommodation to customers who are not patients, then they could strengthen their offer with elements of spa tourism becoming more profitable and progressive. Terme Selce, with their successful programmes, could also develop a model based on their work, and sell it to doctors and others interested in developing facilities or businesses based on health tourism in other parts of Croatia, much like concierge doctors with successful practices are selling their business models and ideas.

Another thing Crikvenica, or Croatia in general, needs to clean up are run-down hotels and other properties, the majority of which were owned and managed by public companies, including the example Povile Tourist Village, and countless others in the area of Crikvenica, nevermind the rest of the Croatian coast, including grand hotels like Miramare in Crikvenica and San Marino in Novi Vinodolski. Selling these properties, at realistic, lowered prices, should be a priority if they can not be revived by the current owners, as these properties are not contributing anything to the area, if anything, as the eye-sores they are, they bring down the area's image. If these properties could be sold and re-established, this would stimulate, without a doubt, all forms of tourism. Accommodation and catering are the key components for tourists, a nice place to stay and to eat, when these are established and capacity is high, developing and offering various programmes, including health programmes, becomes easier.

Limitations of Work

The topic of health tourism in Croatia is truly a broad topic, much more extensive than this author had anticipated. Due to this reason, most likely, there are virtually no articles, reviews, or books, which comprehensively and concisely report on the status of health tourism in Croatia. This work attempted to tackle this issue by presenting major topics from

representative journal articles and other sources, as well as present other related topics, and certainly serves, at the very least, as a good introduction to the topic at hand. However, several other sources exist, which simply could not have been included due to sheer volume, and the effort and time which would be required. Reviews which extensively explore and report on various aspects of health tourism – marketing, education, legislation, and more – should be produced, and a single review which would encompass the reviews on each aspect. A comprehensive review would present a complete picture, reveal the most pressing issues, and determine priorities, as well as good plans of action or strategies.

Crikvenica was chosen as a sort of case report, as an example as well as a model for health tourism in Croatia, and although it is an interesting case, encompassing many aspects of health tourism, it may not be completely representative of Croatia as a whole. More centres which cater to or have the potential to cater to health tourism could be investigated, this idea extends on the idea of more research and reviews mentioned in the previous paragraph. Also, hotels and tourist agencies could have been included in the investigation of the area, with similar guided tours and interviews to gain perspective from the tourism industry.

Conclusion

Looking at the aspects of health tourism in Croatia, as well as the specific example of the Crikvenica riviera, it is clear the resources exist to develop this form of tourism in Croatia. Tourism and healthcare are well established, and natural resources are plentiful, both inland and on the coast, to develop health tourism. Indeed, successful health tourism institutions and businesses are already in place, and there are surely several other places and facilities with potential to break into this market. Despite the resources, the demand, and the potential for health tourism in Croatia, this field is moving forward slowly. Experts put the blame on inadequate or lacking marketing, education, and legislation, to name the major areas. It seems that professionals in the medical and tourism fields, or already in the health tourism field, wishing to develop health tourism in Croatia, since waiting for change could take a while, should take a lesson from concierge medicine in America, and push the field forward, best they can with the current status, in order to develop and progress. With various organisations promoting health tourism, constantly creating new information, and producing guidelines, education and legislation should be less of an issue. Instead, Croatia should focus on economic demand, marketing, and the accession to the EU to advance health tourism. Education, legislation, and other areas, will catch up, and hopefully make improvements, and perhaps practice could help shape better education programmes or laws, instead of creating programmes or laws which may eventually require amendment due to practical inadequacies. In any case, the field is full of potential and actively growing, which makes it an exciting time to be a part of the medical and tourism fields in Croatia.

Summary

Numerous sources describe Croatia, rightfully so, as a country with extensive potential for health tourism, due to the long tradition and plentiful resources available in Croatia, and the growing demand for this form of tourism worldwide. Despite this, health tourism is developing at a slow pace in Croatia, and many experts agree that inadequate marketing, education, and legislation, to focus on some of the major topics presented in literature today, are to blame, in spite of various organisations which promote health tourism in Croatia. Accession to the European Union, and what this means for health tourism, is also explored. The Crikvenica riviera is investigated, namely Thalassotherapia Crikvenica and Terme Selce, as an example of the current status and prospects for health tourism in Croatia, which serves as a particularly interesting example considering the public and private nature of the facilities. Concierge medicine, a growing healthcare business model in the United States, is presented also, as many valuable parallels may be drawn with health tourism in Croatia.

Sažetak

Brojni izvori s pravom opisuju Hrvatsku kao zemlju s opsežnim mogućnostima za zdravstveni turizam. Razlozi tome su dugotrajna tradicija i infrastruktura u Hrvatskoj i sve veća potražnja za ovim oblikom turizma u svijetu. Unatoč tome, zdravstveni turizam se razvija sporo u Hrvatskoj, a mnogi stručnjaci se slažu da su za to krivi neprikladan marketing, obrazovanje i zakonodavstvo, koji su ujedno i neke od najvažnijih tema u današnjoj literaturi, no razne organizacije i dalje promiču zdravstveni turizam u Hrvatskoj. Razmatra se i što znači ulazak Hrvatske u Europsku uniju za zdravstveni turizam. Osim toga, istraživana je i Crikvenička rivijera i to posebno „Thalassotherapia Crikvenica“ i „Terme Selce“, kao primjeri trenutnog stanja i mogućnosti za zdravstveni turizam, koji ujedno služe i kao posebni i zanimljivi primjeri s obzirom na javnu odnosno privatnu prirodu ustanove. Takozvana *conciierge medicine*, rastući zdravstveni poslovni model u SAD-u, također je prikazana, zbog mnogih vrijednih usporedbi koje se mogu povezati sa zdravstvenim turizmom u Hrvatskoj.

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Biography

Daniel Victor Šimac, the author, is a Canadian-Croatian medical student, born and raised in Canada, now living in Croatia, soon to graduate from the University of Rijeka School of Medicine, planning to pursue a career in medicine, possibly in combination with tourism, which explains the motivation to study and write about health tourism.

Daniel was born on April 9th, 1986 to Vinko and Marija Šimac, in Hamilton, Ontario, and grew up in Cambridge, and later Paris, Ontario. His parents emigrated to Canada during the mid-70s, to experience life elsewhere, earn some money, and return home. Growing up, Daniel became a native English speaker and accustomed to Canadian culture, traditions, and history. Of course, with Croatian parents, Daniel also learned the language, culture, traditions, and history of Croatia as well, making the move to Croatia more natural.

Before coming to Croatia, Daniel lead a fruitful life in Canada, studying and working, in general, experiencing life. He graduated highschool from St. John's College in Brantford, then went on to graduate from the University of Waterloo, receiving a Bachelor of Science, majoring in biomedical sciences and minoring in Croatian. On the side, Daniel worked retail, namely selling sporting goods at Re-Run Sports, and being handy with a computer, designed and maintained websites for various school organisations, among others. Daniel also spent some time volunteering for various university organisations, most notably mentoring students, at the hospital, and at the university and community radio station as well.

The decision to move to Croatia was not an easy one, at this point, Daniel's parents had lived in Canada for 30 years, and Daniel had only lived in Canada. Two major problems arose because of this, since Daniel's parents stayed much longer than they planned, they had gotten used to life in Canada, and the other problem was Daniel himself. Despite this, it was decided as a family to move to Croatia, and when Daniel graduated from university, he made

the move to Croatia, and continued his education in Rijeka. While Daniel studied, his parents slowly tied up loose ends in Canada, and returned home to Croatia, building a house in Bribir to live in, and another house in Povile for a family bed and breakfast business, which was recently expanded upon by purchasing the pavilions of the run-down Povile Tourist Village.

Adapting to life in Croatia had its ups and downs, it was not an unfamiliar country, but still not entirely known for Daniel. Some days were tough – culture shock, language barrier – but Daniel pulled through. Apart from studying, Daniel helped his parents set-up both a home and a bed and breakfast business, partook in some volunteer activities at school, and even got a job, putting his native English to use, helping teach drama to children and teenagers in English with the Rijeka Youth Theatre.

It is unclear where exactly the future will take Daniel, graduating from medical school and being somewhat of an international citizen, there are many opportunities which Daniel may pursue: A career in medicine, as a clinician, researcher, or professor, in Croatia, Canada, or elsewhere; A career in tourism with the base his parents have created; Or with the ambition Daniel has, something completely different, the possibilities are varied. At the moment, Daniel is leaning towards a fulfilling life in Croatia, hoping to combine his medical training with the base in tourism his parents have created, perhaps health tourism is the answer, and hopefully start a family of his own sometime in the near future.

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Education:

Doctor of Medicine, *University of Rijeka*, 2008 – Present

- Integrated undergraduate and graduate medical program.

Bachelor of Science, *University of Waterloo*, 2004 – 2008

- Biomedical sciences; Croatian language, history, and culture.
- WHMIS; ELPE; Standard First Aid and CPR-C.¹

Other:

- Translating from Croatian into English Course, *Linguae*, 2011.
- TESOL/TESL/TEFL Certificate, *Oxford Seminars*, 2009.²
- International Croatian Language Course, *Lin-Cro*, 2006.

Employment Experience:

Teacher & Translator, *TRY Theatre, Linguae, freelance*, 2010 – Present

- Assisting with drama classes and productions in English.
- Substituting English classes for various age-groups and levels.
- Translating various texts from Croatian to English, especially medical.
- Tutoring all levels of English and beginner Croatian.

Salesperson & Webmaster, *Re-Run Sports, Work and Casual Wear*, 2002 – 2008

- Serving customers, managing transactions, cleaning and stocking.
- Issuing fishing and hunting licenses.
- Skate sharpening, stick cutting, simple equipment repairs.
- Designing and updating of store website.

Other:

- Management & Maintenance, *Villa Kanata, Eastown Plaza, Davidson Motel, etc.*
- Labourer, *Vismac Contracting, Coffee Brewers Service Ltd.*
- Teaching Assistant, *University of Waterloo*

1 WHMIS = Workplace Hazardous Materials Information Sheet, ELPE = English Language Proficiency Exam, CPR-C = Cardiopulmonary Resuscitation Level C

2 TESOL/TESL/TEFL = Teaching English as a Second or Other/Second/Foreign Language

Volunteer Experience:

Radio Programmer, *CKMS 100.3 FM*, 2007 – 2008

- University of Waterloo official radio station.
- Planning and broadcasting of bi-weekly radio program.
- Helping with various booths, meetings, events, socials, etc.
- Student Board Member; initiating, discussing, and voting on various issues, representing student members at board meetings.

Webmaster, *Science Society, Pre-Med Club, Science Student Help Team*, 2005 – 2008

- University of Waterloo student organisations.
- Designing and updating of websites.
- Helping with various booths, meetings, events, socials, etc.
- Mentor (Science Student Help Team); mentoring and counselling students, professionally trained by Counselling Services.

Other:

- Mentor & Guide, *CroMSIC*³
- Volunteer, *Grand River Hospital, Telfer Place Retirement Home*

Awards & Accomplishments:

- Outstanding Volunteer, *Grand River Hospital*, 2008.
- Certificate of Recognition, *UW Federation of Students*, 2008.
- Most Reliable Volunteer, *CKMS 100.3 FM Sonic Boom Award*, 2007.
- Exploring Multicultural Differences Workshop, 2007.
- Queen Elizabeth II Aiming for the Top Scholarship Award, 2004.
- Certificate of Distinction, *University of Waterloo*, 2004.

3 CroMSIC = Croatian Medical Students' International Committee