



FACULTY OF LIBERAL ARTS

FINAL EXAMINATION

Student ID (in Figures) :

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Student ID (in Words) : _____

Subject Code & Name : **MPU3232 Academic Writing Skills**
Semester & Year : May - August 2017
Lecturer/Examiner : Ms Harizah Faiz, Mr Wan Fadli
Duration : 2 hours

INSTRUCTIONS TO CANDIDATES

1. **This question paper consists of 2 parts:**
PART A (55 marks) : READING COMPREHENSION & SUMMARY
This part consists of **TWO (2)** sections. Answer **ALL** questions in the booklet provided.
PART B (45 marks) : ESSAY WRITING
Part B consists of only **ONE (1)** section. Write your essay in the booklet provided.
2. **Candidates are not allowed to bring any unauthorized materials except writing equipment into the Examination Hall. Electronic dictionaries are strictly prohibited.**
3. **This question paper must be submitted along with all used and/or unused rough papers and/or graph paper (if any). Candidates are NOT allowed to take any examination materials out of the examination hall.**
4. **Only ballpoint pens are allowed to be used in answering the questions, with the exception of multiple choice questions, where 2B pencils are to be used.**

WARNING: The University Examination Board (UEB) of BERJAYA University College of Hospitality regards cheating as a most serious offence and will not hesitate to mete out the appropriate punitive actions according to the severity of the offence committed, and in accordance with the clauses stipulated in the Students' Handbook, up to and including expulsion from BERJAYA University College of Hospitality.

Total Number of pages = 5 (Including the cover page)

PART A : READING COMPREHENSION & SUMMARY (55 MARKS)

INSTRUCTION(S) : This part consists of **TWO (2)** sections. Answer **ALL** questions in the booklet provided.

Section 1 : Reading Comprehension (25 marks)

Instruction : Read the text below carefully and answer the questions which follow.

Medical Tourism – Health Care in the Global Economy

An increasing number of patients are traveling to a wide variety of destinations around the world for medical, surgical and dental care. Driven by a number of forces outside typical medical referral systems, “medical tourists” seek modern health care at affordable prices in countries at variable levels of development. Medical tourism is different from the traditional form of international medical care where patients typically journey from less developed nations to major medical centres in highly developed countries for advanced medical treatment. Medical tourism is market driven—it is shaped by the complex interactions of many medical, economic, social and political forces. Low cost is the primary reason that patients from industrialized nations seek medical care in less developed countries.

5 Patients in the medical tourism model would likely prefer to have major surgery in their hometown hospital or local referral centre. However, these patients feel pressed to balance their health needs against other considerations; they are willing to accept uncertainties about quality in order to obtain care at prices they can more comfortably afford.

Patients from the United States typically fit one of two profiles:

- 15** 1. *Working class adults who require elective surgery but have no health insurance or inadequate insurance benefits*
2. *Patients who desire procedures not covered by insurance such as cosmetic surgery, dental reconstruction, gender reassignment operations, or fertility treatment*

The key point is that resources are insufficient for them to comfortably purchase care in their local market, but adequate for them to buy care in low-cost foreign facilities.

For patients from Britain, Canada and other countries where a governmental health care system regulates access to health care, the reason to leave the local market is the desire to have timely treatment, avoiding delays associated with long waiting lists. And because national health programs do not fund cosmetic surgery and similar type services, patients seeking these services are driven to pursue medical tourism by the same economic forces as those from the United States.

25 Patients also travel to medical tourism destinations for procedures that are not available in their own countries. For example, stem cell therapy for heart failure, unobtainable by many patients in industrialized countries, is available in the medical tourism marketplace.

30 A faraway country provides privacy and confidentiality for patients undergoing plastic surgery, sex change procedures and drug rehabilitation. Furthermore, their medical records cannot be viewed by the numerous parties who can access these documents in the United States.

Many countries are working to successfully compete in the medical tourism marketplace by offering a wide variety of medical, surgical and dental services in comfortable modern facilities.

35 Medical tourists travel to the four corners of the world for executive health evaluations, ophthalmologic care, cosmetic dentistry and surgery, bariatric procedures, joint resurfacing or replacement, cardiac surgery, organ and stem cell transplantation, gender reassignment surgery and in-vitro fertilization. Several countries in Central and South America have developed strong reputations for cosmetic and plastic surgery, bariatric procedures, and dental
40 care.

Destinations in Asia are particularly popular for orthopedics and cardiac surgery. India, Singapore and Thailand are well-established medical tourism destinations, attracting large numbers of foreign patients and generating substantial revenue from the services provided. These countries have large, modern medical facilities that are staffed by well-trained physicians

45 who perform complex procedures such as minimally invasive/off-pump heart surgery, correction of congenital cardiac abnormalities in children, thoracic organ transplantation, and implantation of mechanical cardiac assist devices.

An article in the Washington Post reports on a cardiac hospital in India that has outstanding outcomes with coronary artery bypass surgery. Thailand's international hospitals have a
50 reputation for having modern high-tech equipment, excellent quality medical care and superior hospitality services. India has the important advantage of lower cost than most other destinations, at approximately 10 percent of the costs in the United States. South Africa has been very successful selling medical services combined with tourism activities such as safaris.

There are many agencies that provide services to patients who want offshore medical and
55 surgical care. These agencies help patients select a country, facility and provider. They determine prices and collect payment, assemble and transmit medical records, and arrange travel and accommodations. Additionally, they may arrange for postoperative follow-up in the patient's own community after they return. Although some travel professionals promote the "tourism" aspect of offshore care, as the seriousness of the medical situation increases, the

60 recreational aspects of travel have diminishing importance. Medical tourism agencies can be easily found on the Internet or in any medical tourism guide.

The critical challenge for potential medical tourists is to select the best possible destination for the specific services needed. Certainly, well-trained physicians and modern, well-equipped hospitals provide high-quality care in a number of medical tourism destinations. However,
65 patients considering offshore medical care face a daunting task in differentiating the desirable offshore destinations from those with inadequate practitioners working in unsafe facilities. Some medical tourism agents with backgrounds in health care, and a particular focus on quality and outcomes, may be a helpful resource for patients.

By Michael D. Horowitz and Jeffrey A. Rosensweig
Published in 2007 on <http://web.nchu.edu.tw>
Accessed on 20 June 2017

Instruction : Based on the article, answer **ALL** the questions below in the booklet provided.

1. What is the difference between medical tourism and traditional international medical care?
(4 marks)
2. What is the main factor driving medical tourism?
(2 marks)
3. Compare the different reasons patients in the United States and the United Kingdom travel for medical care.
(4 marks)
4. How do countries compete in the medical tourism marketplace?
(2 marks)
5. **Using your own words**, state **THREE (3)** reasons India is one of the well-established medical tourism destinations in the world.
(6 marks)
6. Give a concrete example stated in the passage that shows the “tourism” aspect of medical tourism.
(2 marks)
7. What **FIVE (5)** things would a patient embarking on medical tourism need to do by themselves if they do not hire an agent?
(5 marks)

Section 2 : **Summary (30 marks)**

Instruction : Answer the question below in the booklet provided.

Write a summary of the article above by restating the author’s main point, purpose and intent in your own words. Your summary should **not be more than 120 words**.

END OF PART A

PART B : ESSAY WRITING (45 MARKS)

INSTRUCTION(S) : Part B consists of only **ONE (1)** section. Write your essay in the booklet provided.

Section 1 : Essay Writing (45 marks)

Instruction : Write an argumentative essay on the following topic.

“Insurance providers should include medical tourism in their coverage.”

How much do you agree or disagree to the above statement?

You must fulfil the following **TWO (2)** tasks when writing your essay:

1. Write an argumentative essay :
 - The length of essay must be **APPROXIMATELY 350 WORDS**.
 - The organisation of the essay must follow a **5-paragraph essay pattern**.
2. Demonstrate your skills in referencing for the essay :
 - You must cite **ONE (1) idea** from the reading comprehension article in **Part A (pages 2-3)**.
 - For the citation, you must **paraphrase** the original sentence(s) and provide the correct **in-text referencing** based on the Harvard Referencing format.
 - At the end of your essay, write out the **end-text referencing** (Harvard Referencing format) for the reading comprehension article in **Part A (pages 2-3)**.

END OF EXAMINATION PAPER