

MEDICAL TOURISM, RADICAL DEMOCRACY AND ITS DISCONTENTS: THE CASE OF INDONESIA

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ABSTRACT

This article underlines tensions between medical tourism and radical democracy in Indonesian sense. Medical tourism tends to prioritize those who have money to gain more options, yet change the ideas of medical aspects into such trivial recreations. Meanwhile, radical democracy works to realize such welfare states in which all people could reach better options in life. Radical democracy, as indicated by Ernesto Laclau and Chantal Mouffe, is analyzed through genealogy of hegemony as discourses that are used to be owned by several people are distributed to every person's needs. Through qualitative method and explorative approach, the analysis of this paper emphasizes on how radical democracy promotes undeveloped people to have better access to basic needs but medical tourism still asks answers from capitalism itself. The discourses will only remain as dialogues while the applications of being ideational have shifted into matters of being recreational. Intertwinements of medical aspects and tourism indeed focuses on those who travel and stay, but will slowly eradicate the truth of the needs of those who need better medical assistances. In conclusion, while radical democracy would like to erode hegemony, medical tourism worsens the situation by pushing more trickle-down effects than fairness and equality before everyone.

Keywords: Capitalism, Chantal Mouffe, Ernesto Laclau, Medical Tourism, Radical Democracy

INTRODUCTION

Since 2012, Indonesia has focused on the idea to promote tourism based on health. By the cooperation between the Ministry of Health and Ministry of Tourism and Creative Economy, tourism is divided into two main aspects; medical and wellness tourism (Liputan6.com, 2021; Tempo.co, 2020). Medical tourism is a journey to find better modern medical treatment. Wellness tourism tends to find traditional health by underlining holistic treatment in the preventive aspect. Both of them are intended for upper class people who need to find better health by traveling (Liputan6.com, 2021; Tempo.co, 2020). This article would like to underline medical

tourism since people used to find medical treatment because of sudden necessity for survival, but this one is about traveling in tourism that may bring joy afterwards.

In matters of discourse analysis, radical democracy as supported by Ernesto Laclau and Chantal Mouffe proposes an idea that democracy should be followed at the grassroots in order to build more equality to all aspects (Conway & Singh, 2011; Laclau & Mouffe, 2001; Yuliastuti & Pasopati, 2021). In this socialist strategy, the welfare state is more reasonable since its discourse may vary and could further accommodate abundant discourses in everyday life. In this sense, medical tourism is one consequence of the radical democracy but with the perspective of capitalism (Rao, et al., 2024; Shareef, et al., 2024).

Then, the question is, how may Indonesian medical tourism reflect radical democracy alongside its discontent? Radical democracy opens up possibilities to abundant discursive dialogues, including medical tourism. However, the possibilities still include modern solutions in which capitalism is still intact within (Conway & Singh, 2011; Laclau & Mouffe, 2001; Yuliastuti & Pasopati, 2021). This is the opposite of what Post-Marxism struggles for better equality for human beings. Accumulation of capital is still being used to grow progress rather than generating all resources to widen access to equal health facilities.

METHOD

Using a qualitative approach, this paper analyzes specific concepts and written information to address the proposed question. Employing an exploratory method, both online and offline texts are utilized to explore the correlation between medical tourism in Indonesia and the field of radical democracy, focusing particularly on the inequality in obtaining medical assistances. These online and offline sources consist of books and academic journals, enabling a comprehensive understanding of the subjects at hand. It is as indicated by Creswell's understandings on content analysis (Creswell, 2014). The process of data analysis involves sourcing relevant materials, thorough reading and careful comparison, citation integration, and the compilation of comprehensive reference lists. The research data encompasses both medical tourism and radical democracy, with each component carefully analyzed and deconstructed. Subsequently, the analysis delves into how medical tourism is not in line with radical democracy. Additionally, details regarding the further, deeper, and wider analysis are also given.

FINDINGS AND DISCUSSIONS

Criticism of the Chronicle of Medical Tourism in Indonesia

The almost-ending era of COVID-19 pandemic has raised awareness to flourish medical tourism in Indonesia. Since no one could go abroad in the pandemic era, awareness to realize better medical facilities in Indonesia is getting higher

(Berliandaldo & Muhadli, 2022; Liputan6.com, 2021). Medical tourism then becomes one main idea that could return the capital back to domestic income. For years, Indonesian citizens who need medical assistances choose to go to Malaysia and Thailand to find better and cheaper treatments. The values are about 23 trillion rupiahs that have gone to other surrounding countries (Berliandaldo & Muhadli, 2022; Tempo.co, 2020).

Indeed, the values are promising that should be gained by further cooperation among various stakeholders in Indonesia. Starting from related Ministries to local governments should support this policy to gain more profit from medical aspects (Fadilah, 2020; Suara.com, 2022). Besides the gained profit, the policy of medical tourism is believed to bring more chances for people to work. Further medical development could also be attained since any advancement in one side will bring other sides to go forward either. The building of public infrastructure is also considered important for other public matters (Berliandaldo & Muhadli, 2022; Fadilah, 2020).

However, medical tourism as a policy is quite problematic. The main problem is any traveling aboard, whatever the purpose is, is a matter of particular experience. When the government, that embraces universal values, overcomes the particularity then many matters are defined. The definition indeed is logical but it will lose flexible meanings in advance. The meanings actually are found in various shifts of meaning of medical aspects in everyday life. One aspect is medical tourism has made medical aspects to become such a market that need to be obtained furthermore (Bisnis.com, 2022; Chandran et al., 2020; Fadilah, 2020). Since it is a market, then it is used to gain more profits. Any kind of thing is not related to sincere service, but considered as bringing advantage or loss. Addressing concerns about patients' safety and quality of care requires the medical tourism industry to cultivate a culture of openness and responsibility. Policymakers may maintain patients' welfare as the top priority in the face of healthcare commercialization by putting strict control systems in place and enforcing ethical norms (Bisnis.com, 2022; Chandran et al., 2020). Building public confidence in the medical tourism sector requires a deliberate effort to provide ethical and fair access to healthcare.

The idea is not about giving the best as a human being gives to another, but how much someone could pay for a certain medical assistance. It is since tourism is not only providing, but also demanding a bigger return. This is in line with matters of medical tourism that is believed as a way of increasing income, gaining people traveling inside Indonesia, and inclining the quality and welfare of health professionals (Bisnis.com, 2022; Suara.com, 2022). Combining medical aspects and tourism indeed focus on those who travel, but will slowly eradicate the truth of the needs of those who need medical assistances. It is essential to broaden the definition of medical tourism so that equal access to healthcare is given equal priority rather than merely financial gain. The government can reduce inequalities in healthcare delivery

by putting in place laws that guarantee the availability and affordability of healthcare services for all societal groups (Bisnis.com, 2022; Chandran et al., 2020). Furthermore, creating partnerships between the public and private sectors can help to create healthcare facilities in disadvantaged areas, which will help to address the healthcare requirements of marginalized populations and promote inclusivity.

On a hand, it is necessary to take care of anything that could create further income for Indonesia. Deficits in pandemic situations should be examined by gaining more income both for grassroots and for official matters. It is also true that the government should be creative in order to bring more chances for people to work since any economic concept will not go forward without any consumption (Anwar, 2023; Bisnis.com, 2022; Fadilah, 2020). However, medical aspects that should be covered by government's policies have shifted into total industries that focus on matter of gaining more advantages.

By being total industries, anyone who would like to enter the facility must have certain money or have expensive insurance on their hand. This is such a decline in public service since citizens have demanded to file the tax on time, but still have to pay more money to reach better medical assistances. Going abroad in finding better medical treatment is actually an option for those who could reach it (Anwar, 2023; Chandran, et al., 2020). In medical tourism, that option is transformed into a must that health facilities are no longer for everyone, but only for upper class people.

Furthermore, in welfare states, medical aspects should grow to its surroundings to create more even distribution. The idea is to widen access for those who could not get it. The poor and the ones in the borders and remote areas of Indonesia are those who really need it (Rusli, 2019; Jani, et al., 2024). The government's policy must not be unilateral, but should always cover all matters. Nevertheless, the idea of medical tourism will only go forward by going up. It believes in the matter of progress by gaining more profit. It is also believed that more money will bring in better medical facilities. The idea is as seen in the modern concept that is the advancement (Fadilah, 2020; Hendriyani, 2022).

What people need is actually equality in reaching better medical quality, but medical tourism is otherwise. Tourism believes in matter of trickle-down effect as one good facility will spread to others. In reality, once a capital is accumulated, it will only stay and go bigger there. Others may get the effect, but only for some few points and for some classes who could almost reach it. For those who could not reach it at all, the dream must be totally diminished (Rao, et al., 2024; Shalini, et al., 2024).

The criticism of medical tourism is similar to what Zygmunt Bauman said on Vagabonds and Tourists. Vagabonds are defined as those who do not have many choices in everyday life (Anadza & Pasopati, 2023; Bauman, 1996; Jani, et al., 2024). These people must live a simple life without any other option. In wider meanings, vagabonds are also indicated as those with marginalized identities. Tourists are the

opposite as they have abundant choices enriched with abundant capital as well. They could choose what to possess since their abundant options enable them to live better (Anadza & Pasopati, 2023; Bauman, 1996; Zhong, et al. 2024). The term tourists also indicate abilities to go forward and even to move to anywhere they want to go. Those who must survive everyday as vagabonds will never have many choices like tourists.

This crucial difference shows that vagabonds need others' hands to pick them up to be equal (Anadza & Pasopati, 2023; Bauman, 1996; Zhong, et al., 2024). Vagabonds need better access to various public facilities without any stigma needed. However, the Indonesian government chooses to prolong matters of tourists in medical tourism as a belief that it will bring better conditions to the vagabonds. The government chooses to accentuate the stigma that those who do not have choice must remain so, while those who already have choices are furtherly spoiled (Bauman, 1996; Zhong, et al. 2024). As the medical aspect comes to tourism, it will broaden choices of medical treatments but only for those who already have choices. Those who do not have choices must stay in their hopes waiting forever for them to come true (Rao, et al., 2024; Shalini, et al., 2024).

Moreover, the ideas of medical tourism exposed by the two ministries in Indonesia indicate several conceptual shifts. Those happen because of the abundant meanings of traveling and finding better medication that are compressed into a combination of them. The conceptual shifts are, first, the idea of medical treatment has changed from a crucial need into industrial recreation. Medical aspect's main idea is about survival, but then its tourism aspect degrades its values into merely recreations (Bisnis.com, 2022; Hendriyani, 2022). It is not a matter of reaching happiness, but it is crucially about someone's lives. For those with lighter medical conditions, they may travel forward. For those who could not do that, it is a matter of survival and about funds that need to be spent. By making it industrial, the idea of earning more profit also advances and it could erode the idea of survival for those who need it (Rao, et al., 2024; Shalini, et al., 2024).

Second, medical tourism has shifted the idea of the medical aspect from a must into options. Being healthy actually is a must that needs to be fulfilled by everyone including provided by the government. However, the idea of medical tourism has flourished further choices and at the same time has eradicated its immediateness for those who really need it. It is a citizen's right to be fulfilled by the government (Berliandaldo & Muhadli, 2022; Rusli, 2019). It is not an option to be taken or not by citizens. Medical tourism believes that things will go better in its trickle-down effect, but actually abundant options will only be provided more and more for those who could pay for the service. Medical tourism limits access for those with low incomes, despite its appearance of having more options (Bisnis.com, 2022; Chandran et al., 2020).

Third, another shift is related to the idea of urgency into consumption. As stated above, health is crucial for everyone, but medical tourism only sees its importance on the idea of consumption (Fadilah, 2020; Hendriyani, 2022). People are urged to consume more but with higher prices. Logically, those who could pay will consume more. However, those that have limited capital will always be restricted by that policy. They could never enjoy that policy since they could not consume it. Besides, medical tourism as a matter of consumption has made medical assistances as products not as service. Even if it is considered as a service, people must spend a lot of money to get better service. It is not for everyone and the government prolongs that steep difference by combining medical and tourism aspects (Conway & Singh, 2011; Malhotra & Dave, 2024).

Radical Democracy and Utopian Strategies

Laclau and Mouffe develop positive alternatives and generate changes in society as a kind of strategy to propose the rising idea of radical democracy (Conway & Singh, 2011; Laclau & Mouffe, 2001). Its main idea is to rely on democracy as a place to reform perspectives of society. This is indeed the consequence of raising welfare states. The winning of the proletariat against bourgeoisie is considered as utopia today so that Post-Marxism would find a better way to examine what society really needs.

Both of the important figures are those who align with this point of view by underlining democracy that should be radical to its grassroots (Laclau & Mouffe, 2001; Oswell, 2006). This democracy should bring wider extension to equality to any matter. Equality must be the main point that any government should propose. The main idea of getting progress is intact but those must be distributed evenly to those who really need it. Basic needs must be fulfilled by any cost, including education, health, women empowerment, and also housing (Bhagaskoro, et al., 2017; Malhotra & Dave, 2024; Ziai, 2004).

Radical democracy is analyzed through the idea of society through genealogy of hegemony. By understanding hegemony, discourses that are used to be owned by several people are distributed to every person's needs. Since discourse is always social, then history of hegemony includes power owned by people to point out their own relations to the world (Oswell, 2006; Wibisono & Pasopati, 2018; Ziai, 2004). In this case, the matter of hegemony is demystified. Democracy proposes that any subjectivity is constructed through discourse. Nothing comes out *ex nihilo*, but through dialogues of everyday life.

Moreover, radical democracy also opens up dialogue about signs and signifiers. While decisions taken are always politically confidential, this democracy enables people to reconstruct what kind of signifiers that could give meanings to the signs (Barnett, 2004; Wibisono & Pasopati, 2018; Oswell, 2006). This is in line with

the matter of post-structuralism in which every sign is never closed to any signifier, but goes together in the process in its hospitality to any possibility.

Laclau and Mouffe also underline the matter of discourses as material and not merely linguistic (Laclau & Mouffe, 2001; Oswell, 2006). Discourses are not stated in ideational concepts but seen through what really happens to human beings in life. It works in the world of reality, not the abstraction of it. It is not linguistic either since radical democracy interweaves context and concept on the idea of being material. The language used in the dialogues is not in mind but truly lives through social discourse. It may involve the ideal values but the further conversations will talk about how those should be realized in real life (Conway & Singh, 2011; Malhotra & Dave, 2024). Therefore, its logic is for everyone since power in hegemony is on the hands of every living being. Any sovereign power could always be contested and changed by other ideas since prolonging power should always be in line with living discourses at that time.

As a consequence, any discursive formation is not in totality and always incomplete. The idea is always open to further understandings of any formation. It is also being dialectical in any dialogue. It binds, but not bounded at all (Laclau & Mouffe, 2001; Oswell, 2006). It gives meaning to everything that is being talked about. From light to heavy issues, radical democracy gives equal possibilities for those to be proposed as an issue in such discourse. In this case, identities are also relational and unstable. It is not saying that people are bipolar, but everyone bears abundant identities in their lives. For instance, he works as a teacher, he comes home as a parent, and he is a good rider while riding his motorcycle, and he is a good citizen in always filing his taxes on time.

One person consists of abundant identities and discourses as well. Identities are no longer defined as 'total self' but plural in wider conceptions (Laclau & Mouffe, 2001; Oswell, 2006). Consequently, any individual is not part of a single structure, but abundant ones. This is crucial in the matter of radical democracy since this strategy is applied to democracy that must rely and provide many faces. Therefore, radical democracy is not forcing, but accommodating.

Radical democracy is not only radical in its application but also radical since its birth in deconstructing closed discourses. Both Laclau and Mouffe indicate that subject and sociality is overdetermined in modern societies (Conway & Singh, 2011; Laclau & Mouffe, 2001). Both of them are determined before they could even determine themselves. Their voices are silenced then the situation must be changed into a more open and indeterminate situation. Here, the matter of definition must be returned to the first state as meaning. Any kind of definition is not monolithic that could be applied to all matters (Laclau & Mouffe, 2001; Oswell, 2006).

Definition should always make further meanings possible especially in how it works through its practice in everyday life. In matters of identity, it is both self and other (Barnett, 2004; Oswell, 2006). It covers matters of own values and otherness either. This is a way to destroy class superstructure as further accommodation will degrade matters of owning power only to several hegemonies. Its purpose is clear; changing matters that are used to be known only 'as it is' into 'it could be ...'. Radical democracy should bring in equality decided through matters of politics, but it should be open, reasonable, and accommodative through abundant aspects of individual practices in everyday life (Barnett, 2004; Oswell, 2006; Wibisono & Pasopati, 2018).

From the explanation above, as a strategy, radical democracy is quite promising since it demystifies matters of power into open discourses (Oswell, 2006; Wibisono & Pasopati, 2018; Ziai, 2004). However, that idea is not perfect either. The weakness of that concept relies on its total open understanding of anything. Somehow, that openness has been a blunder for radical democracy. If all things are regarded as discursive, then what is the meaning of a value if things are totally relative? It could be said that relatedness is the main idea of radical democracy, but it only works in the epistemological aspect. Its idea in ontology should not be relative. If it is so, then all values will be valueless (Laclau & Mouffe, 2001; Oswell, 2006). Things will not be totally stable then it will not find its ground for any further application. World could not go on by emphasizing only in its existence and constantly deconstructing its essence.

Another criticism is that discourse is considered special since only several social scientists understand it. Discourse is significant but is losing its significance since it is already in the air today (Conway & Singh, 2011; Oswell, 2006). Everyone knows it, and then it is not special anymore since it has become such everyday dialogue. Later, if that concept is totally wanted to be blended to the society, it could not be defined anymore. The matter of discourse and its discursive conversation should not take any distance with society. It is already there and always ready to be contested. If the idea is so close to society, then will it be forever or will there be any aspect that contests it someday? If it is forever then it will betray the base idea of radical democracy that is open to any change since all things are always discursive. But in a society where information travels quickly, debate may eventually become oversaturated. It becomes boring and loses its appeal when everyone understands it. Its merging with society could make it non-descriptive and formless (Laclau & Mouffe, 2001; Ziai, 2004). The core of discourse itself, which is always debatable, runs the risk of being obscured by its pervasiveness.

Next, openness may tend to be in indeterminacy. On a hand, it is necessary to unbox any taboo in society and reconstruct its meaning altogether. Anything determinant is never stable at all but it automatically enables further dialogues to talk about it in discourse (Laclau & Mouffe, 2001; Ziai, 2004). In other words, openness

may open to abundant possibilities. On the other hand, somehow, it also opens question about hegemony itself. Will hegemony be totally eroded too and its power is distributed equally to all people? The question will come to matter of Hobbes' or Locke's understandings of human beings. Will all human beings use the power as it should be, or will they use it as a tool to oppress others, or will they give the power to some higher sovereign power?

Radical democracy will face a matter of hegemony that will not be eliminated at all. It is due to differences in nature and nurture of the people including their privileges and disadvantages (Sintomer, 2018; Springer, 2010). If so, how may radical democracy define the one that could really hold the power? Will it totally be deconstructed to its very based idea? Or will radical democracy stay on the same power but with different discourses every time? That criticism is never out of topic inside radical democracy itself.

Moreover, radical democracy may accommodate everything including the discourse. However, it is criticism that follows, then what about the solution? It will be meaningless if the dialogues are different but the way out is the same (Laclau & Mouffe, 2001; Oswell, 2006). The discourses will change the package of the thought but the problems are the same. It is like the saying of 'old wine, new bottle'. It will only widen the invasion of the way out into matters of discourse (Barnett, 2004; Pasopati, 2016; Ziai, 2004).

Matter of discourse then will not be original anymore but being used as a tool to prolong such power. Old values will also get the same opportunities similar to the contents either (Oswell, 2006; Wibisono & Pasopati, 2018). The old ones will transform and are inevitable since it is proven to be lived for a long time. New values must face trial and error that will be easily avoided. People will surely tend to choose old ways that bring more comfort as done before. Consequently, in the context of the changing discourse landscape, the risk comes when speech is used as a tool to reinforce organizational structure power that already exists. Real development is hampered by the persistent gravitational pull towards existing norms, even as new values arise (Laclau & Mouffe, 2001; Ziai, 2004). This never-ending loop emphasizes the difficulty of real transformation in speech and is comparable to "old wine in new bottles".

Medical Tourism and Discontent in Matter of Radical Democracy

Radical democracy opens up possibilities to abundant discursive dialogues, including medical tourism. It is believed as a strategy to cover wider discourse on common aspects. It is used to bring equalities that are more radical (Oswell, 2006; Pasopati, 2016; Sintomer, 2018). Medical tourism indeed accommodates medical assistances as choices for upper class people. The main idea is to bring back any advantage brought abroad by those people who travel (Ediansyah et al., 2023; Rusli,

2019). However, it is not without problems either. In this sense, the medical aspect is seen as an idea of economic and industrial things. As listed above, the incoming tourism aspect has made medical treatment optional. Moreover, this idea is the result of radical democracy itself.

The intersection of medical tourism and radical democracy research raises important questions about the ethical implications and social consequences of integrating healthcare and tourism industries (George & Nedelea, 2009; Laclau & Mouffe, 2001; Ziai, 2004). Nonetheless, there are certain difficulties in incorporating medical tourism into the socioeconomic structure. In this setting, receiving medical care takes on two identities: it is indeed seen as an economic good as well as a healthcare service. As common sense arises, medical care is becoming a consumer option due to the integration of tourism into medical procedures (Laclau & Mouffe, 2001; Ziai, 2004). This shift embodies the spirit of radical democracy, which values personal responsibility and autonomy above all else. Therefore, the fact that medical tourism emerged as a radical democratic offshoot highlights the complex relationship that exists in modern society between socio-political beliefs and economic imperatives (Laclau & Mouffe, 2001; Ziai, 2004). This issue also brings to light more general discussions about the globalization of healthcare, the morality of medical migration, and the consequences for health equity at home and abroad.

The idea of medical tourism is to cover those who have more money to pay for medical assistances (Chandran, et al., 2020; Conway & Singh, 2011; Rachmawati, 2024). Indeed, that policy is not for all people. In other words, the policy directly divides between the poor and the rich. The Indonesian government is slowly not bringing equality but accentuating more steep differences between those classes. For those who could pay, they will have the option to have medication inside Indonesia. However, health care for lower-class people is declining in its service, especially in prolonging the different treatment in three different classes. Rich people will have more options while the poor ones must surrender to the current situation (Cha, et al., 2024; Pasopati, 2016; Shareef, et al., 2024). Many specialized doctors will not meet the patients in cheap admissions. For public services, more less trained doctors will be deployed.

However, private sectors would like more doctors that are specialized since they are able to pay more, and many doctors agree with that. In this case, the matter of medical treatment is shaped by the mentality of being industrial in the matter of profit rather than the very idea of survival. Then, it is true that radical democracy brings in necessity, but it is not for all classes (Bhagaskoro, et al., 2017; Oswell, 2006; Rachmawati, 2024). Any privilege will prolong and those who have less of it must struggle more or even could only dream about it.

Besides, in medical tourism, such hegemony is appreciated as possession of capital is always welcomed. In this case, hegemony is the capital itself and the government could not stay away from it. This is in reverse to the idea of post-Marxism supported by radical democracy that by promoting equality then hegemony could be slowly eradicated (Barnett, 2004; Conway & Singh, 2011; Sintomer, 2018). In reality, discourses have flourished, but the main theme is still intact in matters of capital, especially in economic level. If radical democracy would like to push more eyes to see wider aspects of society, what really happens is the all-seeing eye that keeps being seen as the ultimate matter of everyday life (Bhagaskoro, et al., 2017; Cha, et al., 2024; Shareef, et al., 2024).

Radical democracy indeed promotes more discourses to arise, open to wider meanings, and anything is discursive, but the solution is still related to capitalism, especially accumulation of capital rather than its even distribution. The main way out still relates to the idea of modern definition. Growth and progress as characteristic of the modern world are still the leaders that are believed could change the world (Barnett, 2004; Bhagaskoro, et al., 2017; Sintomer, 2018). Indeed, for those who could not catch the trains, they will be left. Unfortunately, the government supports this idea by not making any train provided for many people. Luxury trains are built more in such a deep belief that it will surely spread to other usual or even bad trains.

This is also a reflection that the possibilities in radical democracy still include modern solutions in which capitalism is still intact within (Conway & Singh, 2011; la Torre, 2019). This is the opposite of what Post-Marxism struggles for better equality for human beings. Accumulation of capital is still being used to grow progress rather than generating all resources to widen access to equal health facilities. Though Indonesia does not clearly embrace radical democracy, its strategy is commonly used today as a concept to accentuate more discourses in everyday life. Welfare state as a trend today is widely used to cover more people to rise but neoliberal aspects are shadowing as seen in matters of medical tourism (Conway & Singh, 2011; Ziai, 2004). That tourism is indeed the result of radical democracy itself since it accommodates one discourse of the people though it creates more dissimilarities rather than promoting more equalities.

Medical tourism also reflects that there is no other solution beside capitalism itself. The government could no longer cover the total needs of its people (Rao, et al., 2024; Shalini, et al., 2024). People should make more efforts by themselves to survive. This is also a matter of radical democracy in which its equality is related to any process but without any supporting factor inside. People are pushed to consume more with more middle class in the making (la Torre, 2019; Ziai, 2004). However, the government shapes the condition of the middle class but does not cover them at all.

The government only considers society between the poor and the rich, but those in the middle must make an effort on themselves. The middle ones could not reach medical tourism but were not covered by poor's insurance. This is the result of accommodation of discourse that has side effects in making the third class instead of trying to demolish the classes in society. Commodification has come obscenely to the most basic need of human beings that is survival itself (Rao, et al., 2024; Shalini, et al., 2024). People have to obey the rules of commodified medical aspects if they still want to live.

CONCLUSION

Medical tourism is a side effect of radical democracy as seen in its discontent. Radical democracy would like to promote better accommodation of discourses, but actually it also involves the discourses of the upper class. Yet, the Indonesian government supports that idea by giving more chances to medical tourism. Various options are provided for those who could pay more, while those who could pay less must surrender to the current situation. In its optimism, radical democracy will promote poor people to have better access to basic needs. However, since the main answer is still the capitalism itself, the discourses will only remain as dialogues while the applications of them will only be ideational.

REFERENCES

- Anadza, H., & Pasopati, R. U. (2023). Questioning Universal Humanism: The European Double Standard on Refugees. *Global Strategis*, 17(2).
- Anwar, R. (2023). Medical Tourism, Indonesia Mengejar Ketertinggalan. www.suaramerdeka.com/opini/amp/pr-046827852/medical-tourism-indonesia-mengejar-ketertinggalan
- Barnett, C. (2004). Deconstructing radical democracy: Articulation, representation, and being-with-others. *Political Geography*, 23(5), 503–528.
- Bauman, Z. (1996). Tourists and vagabonds: heroes and victims of postmodernity. *Reihe Politikwissenschaft*.
- Berliandaldo, M., & Muhadli, R. A. (2022). Potensi Pengembangan Medical Tourism dalam Menyambut IKN Nusantara di wilayah Kalimantan Timur. *Jurnal Studi Kebijakan Publik*, 1(1), 13–26.
- Bhagaskoro, P., Pasopati, R. U., & Syarifuddin, M. (2017). Consumption and nationalism of Indonesia: between culture and economy. In *Third International Conference on Social and Political Sciences (ICSPS 2017)* (pp. 211-213). Atlantis Press.
- Bisnis.com. (2022). Bali Fokus Pembangunan Medical Tourism. bisnis.com/read/20221118/537/1599691/bali-fokus-pembangunan-medical-tourism.
- Creswell, D., (2014), *Research Design: Qualitative, Quantitative, and Mixed Method Approaches*, Springer.

- Cha, J., Jo, M., Lee, T. J., & Hyun, S. S. (2024). Characteristics of market segmentation for sustainable medical tourism. *International Journal of Tourism Research*, 26(1).
- Chandran, S. D., Puteh, F., Azmi, N. A., & Mohd Suki, N. (2020). Exploring the development of medical tourism industry in Southeast Asia region. *International Journal of Business Ecosystem & Strategy*, 2(3), 28–32.
- Conway, J., & Singh, J. (2011). Radical democracy in global perspective: Notes from the pluriverse. *Third World Quarterly*, 32(4), 689–706.
- Ediansyah, Arief, M., Hamsal, M., & Abdinagoro, S. B. (2023). Interplay between Networking Capability and Hospital Performance in Indonesia's Medical Tourism Sector. *International Journal of Environmental Research and Public Health*, 20(1).
- Fadilah, M. R. (2020). Menengok Medical Tourism Indonesia. www.theindonesianinstitute.com/menengok-medical-tourism-indonesia/
- George, B., & Nedelea, A. (2009). Medical Tourism: An Analysis with Special Reference to Its Current Practice in India. *International Journal of Leisure and Tourism Marketing*, 1(2), 173-182.
- Hendriyani, I. G. D. A. (2022). Menparekraf: Bali Dipersiapkan Jadi Destinasi Unggulan Health Tourism. www.menpan.go.id/site/berita-terkini/berita-daerah/menparekraf-bali-dipersiapkan-jadi-destinasi-unggulan-health-tourism.
- Jani, K., Chaudhary, B., & Saini, B. (2024). Technology as a Catalyst for Medical Tourism. In *Medical Tourism in Developing Countries: A contemporary approach* (pp. 101-115). Springer Nature Singapore.
- la Torre, C. de. (2019). Is left populism the radical democratic answer? *Irish Journal of Sociology*, 27(1), 64–71. <https://doi.org/10.1177/0791603519827225>
- Laclau, E., & Mouffe, C. (2001). *Hegemony and Socialist Strategy*. Verso.
- Liputan6.com. (2021). Belanja Kesehatan Warga RI Capai Rp. 100T Pasar Menggiurkan Bagi Wisata Medis. www.liputan6.com/bisnis/read/5056327/belanja-kesehatan-warga-ri-capai-rp-100-t-pasar-menggiurkan-bagi-wisata-medis.
- Malhotra, N., & Dave, K. (2024). Dimensions and drivers of medical tourism industry: a systematic review of qualitative evidence. *International Journal of Business and Globalization*, 36(1), 60-82.
- Oswell, D. (2006). *Culture and Society*. Sage Publication.
- Pasopati, R. U. (2016). Family and Social Constructions in Indonesian Empowerment. In *Search of Key Drivers of Indonesia Empowerment*, 314.
- Rachmawati, E. (2024). *COVID-19: Changes in Tourist Preference in Indonesia. In Post-COVID Tourism and Hospitality Dynamics*. Apple Academic Press.
- Rao, D., Rebello, A., Shalini, N., & Mamatha, H. K. (2024). Marketing and Economics of Medical Tourism. In *Medical Tourism in Developing Countries: A contemporary approach* (pp. 271-301). Springer Nature Singapore.
- Rusli, P. (2019). Medical Tourism Sebagai Strategi Pemasaran Rumah Sakit: Narrative Review. *Jurnal Administrasi Rumah Sakit Indonesia*, 5(3), 175–180.

Shalini, N., Sathish, R., Divya Rao, B. J., & Mamatha, H. K. (2024). Future Prospects for Growth of the Medical Tourism Industry. In *Medical Tourism in Developing Countries: A contemporary approach* (pp. 253-264). Springer Nature Singapore.

Shareef, M. A., Kim, D. Y., Khan, A. R., Akram, M. S., Butt, I., & Sadrul Huda, S. S. M. (2024). Understanding the behavior of medical tourists: implications for strategy development. *Journal of Policy Research in Tourism, Leisure and Events*, 1-27.

Sintomer, Y. (2018). From deliberative to radical democracy? Sortition and politics in the twenty-first century. *Politics and Society*, 46(3), 337–357.

Springer, S. (2010). Public Space as Emancipation: Meditations on Anarchism, Radical Democracy, Neoliberalism and Violence. 43(2), 525–562.

Suara.com. (2022). Ini Tantangan Pengembangan Wisata Kesehatan di Indonesia. www.suara.com/health/2022/06/27/095415/ini-tantangan-pengembangan-wisata-kesehatan-di-indonesia

Tempo.co. (2020). Kembangkan Wisata Kesehatan Yogyakarta Fokus ke Medical dan Wellness Tourism. travel.tempo.co/read/1652059/kembangkan-wisata-kesehatan-yogyakarta-fokus-ke-medical-and-wellness-tourism

Wibisono, B. I., & Pasopati, R. U. (2018). Implikasi Globalisasi Dalam Pola Kekerasan Sektarianisme Di Indonesia. *Masyarakat Indonesia*, 43(2), 241-254.

Yuliasuti, A., & Pasopati, R. U. (2021). Sublimation as Defense Mechanism in Pandemic Fatigue Today. In *Seminar Nasional Psikologi dan Ilmu Humaniora (SENAPIH)* (Vol. 1, No. 1, pp. 459-467).

Zhong, L., Sun, S., Law, R., & Qi, X. (2024). Tourists' perception of health tourism before and after COVID-19. *International Journal of Tourism Research*, 26(1), e2620.

Ziai, A. (2004). The ambivalence of post-development: Between reactionary populism and radical democracy. *Third World Quarterly*, 25(6), 1045–1060.