From hospital to hotel – urban heritage, adaptive reuse and sustainable tourism: the case of the S. Marcos Hospital in Braga, Portugal

Ana Mehnert Pascoal, Maria João Neto, Clara Moura Soares

ARTIS – Institute of Art History, School of Arts and Humanities, University of Lisbon, Lisbon, Portugal
Email: anapascoal@campus.ul.pt

Received: February 2020 – Accepted: April 2020

Abstract

Built heritage has been analysed concerning sustainable tourism, particularly regarding management and conservation as monuments in the face of tourism massification. However, historic buildings can have other functions and be relevant for tourism, as adaptation practices since the mid-20th century confirm. This paper addresses the issue of sustainable tourism in relation to the adaptive reuse of built heritage through a case study that illustrates urban evolution and involvement with distinct stakeholders. It regards the adaptations of the former S. Marcos Hospital, in Braga, in the north of Portugal, since its origins in the 16th century and throughout history, focusing on its recent transformation into a hotel. The hospital underwent a major reform in the 18th century. In the 1960s, during the Estado Novo dictatorship, it was enlarged with a modern accoupled pavilion. These facilities functioned as the city’s main hospital until the opening of a new hospital in 2011, leading to dereliction of the historical building. Recently, part of the old S. Marcos Hospital was renovated into a 4-star hotel by Vila Galé, supported by European community funds. The restoration project enhanced the historical building, adapting it to present-day requirements and considering future sustainability. The section from the 20th century is currently being refurbished as a hospital unit. Pondering an interdisciplinary approach to this subject, the research draws on conservation and management theories of heritage buildings and contemplates its significance for the discipline of Human Geography. The analysis regards the adaptation of a historical building that held particular healthcare functions and observes its “new life”, evaluating this practice in relation to official policies, within the scope of sustainable tourism, as well as addressing the phenomenon of Medical Tourism.

Keywords: Adaptive Reuse, History, Hospital, Hotel, Portugal, Sustainable Tourism, Urban Heritage
1. Introduction

The connections between built heritage, conservation and tourism trace back at least to the 20th century. The Venice Charter (1964), though concerned with the overall maintenance of the built structure, stated that “the conservation of monuments is always facilitated by making use of them for some socially useful purpose” (article 5). Nonetheless, as early as in the mid-1940s a Portuguese national monument – the castle of Óbidos – had been the first to be adapted to a historic hostel to accommodate national and foreign tourists, probably influenced by the Spanish Paradores example (1928/1933) and soon followed by other cases (Neto and Soares, 2013). Nowadays, Pousadas de Portugal, managed by hotel group Pestana, operates 33 luxury accommodations within historic buildings and listed monuments spread across the country.

The 1987 Report of the World Commission on Environment and Development1 triggered international debate on sustainable development. Regarding economic improvement through attentive management in parallel with the conservation of natural and cultural resources for present and future generations, the importance of sustainability within the tourism sector has been discussed from multiple perspectives (Hall and Lew, 1998; Liburd et al., 2013; Page and Connell, 2007). The proclamation of 2017 as the International Year of Sustainable Tourism for Development by the United Nations2 is a striking example of its significance.

The interactions between built heritage, conservation and sustainable tourism have widely been considered through the environmental and socioeconomic lenses, focusing on the impacts and consequences of climate changes and globalization, massification of tourism and urban development on buildings, sites and communities (Barthel-Bouchier, 2013; Hall, 2016; Hall et al., 2016; McCool and Moissey, 2008; Mowforth and Munt, 2003; Nasser, 2003; Rypkema and Cheong, 2011; UNWTO, 2008). The various outcomes of the multidisciplinary research project PICTURE – Pro-active management of the Impact of Cultural Tourism upon Urban Resources and Economies, funded by the European Commission (2004-2007), are worth mentioning, particularly the framework guideline (Dumont, s.d.).

Concerns over heritage management and conservation have become a political issue addressed by governments and NGOs, particularly relating to sustainable economic development and responsible tourism. In Portugal, sustainability is listed as one of the main priorities for the tourism sector and its policies (Turismo de Portugal, 2017, pp. 6-7). In fact, the official tourism sector, headed by Turismo de Portugal, is one of the most important in the country’s economy3.

Interventions regarding conservation of built heritage4 range from basic stabilization to reshaping and repurposing, the latter generally considered as adaptive reuse, i.e., reparation and restoration of buildings for continued or new use (Plevoets and Cleempoel, 2019). This subject is mostly addressed within the disciplines of Architecture, Urban and Landscape Planning, Heritage Management and Conservation, namely reflecting on sustainability and the outcomes of refunctioning historic buildings, sites and landscapes (Berg, 2017; Bullen and Love, 2010; Cassar, 2009; Hein and Houck, 2008; Powter and Ross, 2005; Tweed and Sutherland, 2007; Yung and Chan, 2012), in parallel to assessing methodologies and technologies for built heritage conservation5. Nonetheless, studies deriving

---

4 Built heritage encompasses a broad and diversified spectrum of built structures bearing, among others, historical, architectural and identarian values; the concept surpasses the traditional monuments and listed buildings. According to Tweed and Sutherland (2007, p. 63), one can distinguish between heritage by designation (i.e., official labelling and listing) and heritage by appropriation (emerging from public behaviour).
5 E.g. see the papers proceeding from a multiplicity of conferences, such as the International Conferences.
from other disciplines examining heritage and sustainable tourism acknowledge the practice of historic conservation and adaptive reuse for touristic purposes (Cartier, 2014; Chang, 1997; Jordan, 2013; Langston et al., 2008; Orbaşlı, 2000; Paul and Roy, 2014). Regarding Portugal, a recent study attempted to evaluate implications of heritage management and preservation for tourism destination development, at the same time considering tourists’ perception on historic buildings (Gholitabar et al., 2018). The United Nation’s World Tourism Organization (UNWTO) defines sustainable tourism as a practice “that takes full account of its current and future economic, social and environmental impacts, addressing the needs of visitors, the industry, the environment and host communities”.

In the particular case of refunctioning built heritage as touristic accommodation, sustainability concerns have to combine the respect for the architectonic infrastructure and its history, the management of several environmental aspects (energy, water, waste management, transportation, etc.), corporate social responsibility, and the specific needs of visitors and host communities.

This paper addresses the adaptation as a hotel of a former northern Portuguese hospital, S. Marcos Hospital, located in Braga since the early 16th century. It will broadly present the hospital’s centennial history in order to comprehend the restoration works that it has recently undergone. The act of refunctioning a building listed as heritage, adjacent to other historic structures will be questioned within the wider scope of tourism and sustainability practices, particularly according to the Portuguese agenda with official investment programmes and specific guidelines privileging the private sector. Although a reality in many countries, private commercial investment in historic buildings has not been a selected topic for research (Murzyn-Kuisz, 2013, p. 156). The prior use of the building as a hospital and current potential relations to intensification of Medical Tourism will not be discarded. Hence it is intended to contribute to the debate on adaptive reuse of built heritage particularly for the hospitality sector, contemplating current practice and policies in Portugal.

This case study has affinity with research connecting the hospitality industry and heritage hotels to adaptive reuse of built heritage (considered as a valuable resource for tourism), covering not only socioeconomic (Dinçer and Ertürk, 2003; Murzyn-Kuisz, 2013) and environmental impacts (Coles et al., 2016), but also cultural sustainability and experiential marketing (Chhabra, 2015; Henderson, 2011; Lee and Chhabra, 2015; Ong et al., 2015). Case studies range, for example, from historic palaces and garden residences in Poland (Murzyn-Kuisz, 2013), hotels located in Spanish defensive structures (Periañez-Cristobal et al., 2020), the conversion of the Santo Estevo de Ribas de Sil monastery in Ourense to a Parador (Aspres, 2017), to refurbishing Hotel Estoril in Macau (Xie and Shi, 2019). Studies on Portuguese cases highlight the transformation of former monasteries, convents and private houses to hotels from the architectural conservation point of view (Costa, 2013; Gomes, 2011; Santos, 2012), but also analyse the implications of these adaptations in relation to the touristification and gentrification of cities (Branco and Alves, 2017; Safara and Brito-Henriques, 2017).

The presented research is based upon art historical methodologies in connection to heritage management procedures, given the authors’ background. However, sources and instruments applied do not differ substantially from those common in the branch of Urban Geography studies, such as bibliography, archival research, photographs, direct observation of buildings, legislation, contacting responsible entities, etc.

6 Focusing on the districts of Porto and Aveiro, the authors refer the importance of management and conservation planning and present negligence towards some historic buildings (public and private, legally protected and covered by public policies) due to inefficient monitoring and lack of coordination between entities responsible for regional management and tourism planning, and, therefore state inexistence of a criterion “to define the extent of tourist potential and protection value of a building” (Gholitabar et al., 2018, pp. 25-32).

Graham, Ashworth and Tunbridge discussed the relations between heritage and geography, pointing out three dimensions through which these subjects intersect: spatiality (location, distribution, scale), identity and power (signification and representation), and economic commodification (Graham et al., 2000, pp. 4-5). This paper could be a contribution of interest for Human Geography, as this area “relates directly to urban planning and the built environment” (Ripp and Rodwell, 2015, p. 240). Urban heritage is relatable to patterns and processes that shape human society and integrate changes and development of cities throughout time. As pointed out in a paper dedicated to *palazzi privati* in the Italian town of Gubbio (Goracci, 2002, p. 38), addressing the evolution and the present-day influence of a former hospital within the urban centre could contribute to understanding how the city functions. Altering the original purpose of a building with heritage status and adapting it to current needs suggests urban progress and possible shifts as well as the transformation of interactions between societies and their built environments. Furthermore, within the field of tourism – and particularly concerning heritage tourism – the topic of adaptive reuse relating to the hospitality industry is of interest for geography. Analysis of gentrification processes, tourism planning, impacts on climate and environment, patterns of movements and flows, or evaluation of tourists and local communities’ perceptions, are examples of research options.

2. S. Marcos Hospital: from the 16th century church charity to the 20th century facilities

The origins of the S. Marcos Hospital, in the town of Braga, located in the North of Portugal, date back to 1508. Braga had been an archdiocese since 1071. The town expanded and was developed throughout the Middle Ages mainly due to the Church’s action (Ribeiro and Melo, 2015). The hospital was established by archbishop D. Diogo de Sousa, who reunited all of Braga’s welfare institutions and ordered the transfer of St. Marcos’ relics to the new church. The location chosen for the hospital had prior significance, as there previously existed a hermitage dedicated to St. Marcos, a shelter, and a Templar convent that, after its extinction in 1312, was turned into a leprosarium. Following a period of administration by the city council, the hospital was managed by the charity *Santa Casa da Misericórdia* (Holy House of Mercy, 1559-1974), which built new facilities. Although it was a small institution, one can assess its importance during the 16th century due to the position within the pilgrimage route to Santiago de Compostela, as well as to the possibility of interment and medical care that the hospital offered (Araújo, 2017, p. 147). After Oporto, Braga was the second most important town in northern Portugal during this period, with ca. 17,000 inhabitants.

Although there are references to some construction works during the second half of the 17th century (Castro, 1996, p. 6), the hospital underwent major reforms during the 18th century. The first enlargement projects by engineer Manuel Pinto Vilalobos, in the 1720s, had to be remade as a result of construction errors, which led to new projects by Italian architect Carlos Leoni, dated from 1733. These projects clearly differentiated spaces for infirmaries, support services, and church. Construction works were only finished in the second half of the 18th century, under supervision of engineer and self-taught architect Carlos Amarante. The baroque church had to await until 1836 to be completely finished. In the 19th century, some of the hospital’s areas also occupied a civil palace, known as *Palácio do Raio* (1754), that was bought by the Holy House of Mercy in 1884. During the 18th and 19th centuries, the hospital gained significance in the context of the civil war and outbreaks of epidemics, mainly of cholera and tuberculosis (Castro, 2000, p. 10; Araújo, 2017, p. 163).

In the beginning of the 20th century some expansions were made to the building, mainly concerning hygienic enhancements (Castro, 2000, pp. 10-12). In the 1910s, the idea of constructing a new hospital building emerged, though it was not accomplished (Capela and Araújo, 2013, pp. 231-238). During the *Estado Novo* dictatorship (1933-1974) and responding to healthcare improvement necessities, the hospital was catego-
ized as regional hospital\(^8\) and enlarged with a modern independent pavilion. By then, the government privileged supporting the construction and refurbishment of small-scale hospitals administered by private charities, as the state’s role in healthcare provision was considered as merely supplementary (Costa, 2009; Almeida, 2017). A new internment block was built between 1956 and 1960, according to a project by architect João Vasconcelos Esteves, who worked for the official Comissão de Construções Hospitalares (Hospital Construction Committee, under the Ministry for Public Works and Communications, established in 1946). The new block was accoupled to the original hospital by a gallery and had room for 222 patients distributed on six floors. A nursing school and an orthopaedic and rehabilitation centre, with about 120 beds, were also built on the premises.

In 1956, the S. Marcos Hospital’s main façade, as well as the façade and staircase of the Palácio do Raio were, individually, listed as Building of Public Interest\(^9\). They acquired a special protection status in the context of the official strategy of safeguarding historic buildings, even though only delimited parts of the complete structure fell under this classification. This could theoretically mean that alterations and demolitions of other historic structures within the premises would not be as challenging in legal terms.

The above-mentioned group of facilities functioned as Braga’s main hospital until 2011. On that date a new hospital named Hospital de Braga opened in the outskirts of the city. At that point the S. Marcos Hospital was deactivated\(^10\). In 2015 some surrounding facilities were demolished\(^11\).

### 3. The diversified “new life”: hotel, hospital, interpretation centre

Some years after being deactivated, the S. Marcos Hospital regained a “new life”.

![Figure 1. Main façade of the former S. Marcos Hospital (church in the centre), 2018. Source: Courtesy of Grupo Vila Galé.](image)

In 2016-2017, the conversion of the main historic buildings to a hotel was negotiated and approved by the culture and heritage entities in charge, the Direção Geral do Património Cultural (General Directorate of Cultural Heritage) and the Direção Regional de Cultura do Norte (Northern Regional Directorate of Culture). The renovation as a 4-star hotel by the company Vila Galé – the second largest Portuguese hotel group –, named Vila Galé Collection Braga, took place until 2018, supported by European community funds\(^12\). These reconstruction works were nominated for an architectural prize in 2018, in the

---

\(^8\) This means that it gained regional status and served as main hospital for several localities, namely: Vila Nova de Famalicão, Fão, Esposende, Barcelos, Vila Verde, Terras de Bouro, Amares, Vieira do Minho, Póvoa de Lanhoso, Braga. Some years later, it would be re-designated as district hospital within the context of official reforms.

\(^9\) Decree n. 40684, 13.07.1956.

\(^10\) However, the by then existing pharmacy is still open to the public today, managed by the Holy House of Mercy. Mercy Pharmacy: [https://www scmbraga.pt/farm%C3%A1cia](https://www.scmbraga.pt/farm%C3%A1cia).


\(^12\) Vila Galé: Community funding ([https://www.vilagale.com/pt/apoios-comunitarios](https://www.vilagale.com/pt/apoios-comunitarios)).
Best Touristic Enterprise category\textsuperscript{13}, and were awarded in 2019 with a prize by the \textit{Prémio SIL Imobiliário} in the Tourism category regarding Urban Rehabilitation\textsuperscript{14}. The hotel also received the National Real Estate Award 2018 in the Tourism and the Urban Rehabilitation categories\textsuperscript{15}.

![Image of buildings adapted to the hotel: A) D. Diogo de Sousa (former central block), B) D. Frei Bartolomeu dos Mártires (former paediatric block), C) D. Frei Caetano Beirão (former orthopaedic block), 2018. Source: Courtesy of Grupo Vila Galé (buildings highlighted by the authors).](image1)

The adaptation regarded three buildings formerly occupied by the hospital (central, paediatric and orthopaedic blocks)\textsuperscript{16}, adapting them to present-day accommodation requirements. One must bear in mind that these spaces were previously occupied by waiting and examination rooms, doctors’ offices, infirmaries, and rehabilitation and physical therapy areas, which implied substantial transformations in order to integrate the planned hotel rooms and facilities. The structure of the three buildings granted to the hotel remained intact, as well as the main façade of the church; some historic decorative elements, such as an embedded fountain in one of the rooms and the azulejos (tile panels) on the walls, have been recuperated. Architectural elements like vaulted ceilings, hidden by the successive adaptation works throughout the decades, were uncovered. The emphasis on the historical component is also visible in the names given to the blocks occupied by the hotel, honouring Braga’s famous archbishops: D. Diogo de Sousa, D. Frei Bartolomeu dos Mártires and D. Frei Caetano Beirão. In parallel, all the elements related to the more recent hospital function, including space division and equipment, were removed.

![Image of Vila Galé Collection Braga: lobby, maintaining historic azulejos and architectural elements, 2018. Source: Courtesy of Grupo Vila Galé.](image2)

\textsuperscript{13} 11\textsuperscript{th} edition \textit{Prémios Construir}, awarded by the specialized newspaper \textit{Construir} (http://premios.construir.pt/2018/).
\textsuperscript{16} The hotel did not occupy the hospital’s church, the chapel of S. Bento and the Mercy’s pharmacy.
With 123 rooms and various amenities, such as meeting and event rooms, restaurants, bar, wine cellar, outdoor swimming pools, spa, gym, innovation room and parking, the hotel contemplates accessibility issues, featuring one adapted room. Concerns over sustainability can be measured by the adoption of new technologies and digital practices: this hotel was designed to be paper free, with the goal to use as little paper as possible. This digital measure implies that all interactions with the customers are made via electronic devices – i.e., check-in is made using tablets, which are also used for the menus in the restaurant that do not exist in printed version. Furthermore, the building follows the company’s sustainability policy, namely paying attention to the environment, energy efficiency, safety and social responsibility. This means adopting legislated procedures to reduce water and electricity consumption (e.g. water recycling, low water consuming toilet flushing, energy trigger through key card, lighting pre-definition and use of low consumption lamps, thermostat limits in climate systems, efficient isolation, etc.), applying renewable energies whenever possible, implementing effective waste management (waste reduction, reuse of products and materials, recycling). Moreover, staff training, maintenance plans and regular audits are standard procedures. The hotel group Vila Galé holds a number of certifications and awards in the sustainability and environmental performance domains.

Part of the hospital section dating from the 20th century was acquired by the private healthcare company Lusíadas Saúde and is currently being refurbished as a hospital unit.

This hospital will differentiate itself in terms of technology, innovation and state of the art imaging equipment, and foresees the generation of a considerable number of new workplaces. This renovation echoes the present expansion state of healthcare provision in Portugal towards the private sector, as this project results from a partnership between Lusíadas Saúde and Santa Casa da Misericórdia. It could also be an alternative to Hospital de Braga, planned since 2009 within a public-private partnership between the Ministry of Health and the private Grupo José de Mello Saúde, ceased in 2018 due to management and financing issues. The remaining facilities of the original hospital persist under the Mercy’s guardship, e.g. the former 1960s housing for the Nursing School’s students was converted to a senior residence in 1992.

The above mentioned Palácio do Raio returned to the administration of the Holy House of Mercy in 2012, and underwent major restora-

---

18 Detailed information on the sustainability policy provided by Grupo Vila Galé via e-mail.
19 Eco-Hotel; LiderA; Travelife.
20 Chave Verde; TUI Umwelt Champion.

23 This hospital is now exclusively under governmental management. The State takes on the Hospital de Braga’s clinical management on Sunday (news from 31.08.2019). https://www.dinheirovivo.pt/economia/estado-assume-gestao-clinica-do-hospital-de-braga-no-domingo/.
tion works. The project, by Miguel Guedes Arquitetos\(^{25}\), received a national rehabilitation award\(^{26}\). It opened to the public in 2015 as the Interpretation Centre of the Memories of the Mercy of Braga, comprising a museum that includes medical instruments from the hospital and the pharmacy in parallel with art works and liturgical objects, and also a historical archive.

4. Discussion

In 2009, the Portuguese government implemented a national programme to recover classified heritage buildings, involving the private sector into their safeguarding\(^{27}\). Seven years later, Programa Revive\(^{28}\) was launched to support private investment in order to renovate and refunction state heritage properties as tourist attractions, transforming them into a national economic asset. The buildings made available encompass former convents, castles, fortresses, and private palaces. Conversion of historic buildings for the tourism sector that were originally active as healthcare facilities has been relatively common in Portugal. Just to name a few examples: Hotel Palacete do Mondego, in Penacova, a past tuberculosis preventorium, inaugurated as a hotel in 2001 (closed after six years); Pousada de Viseu, the previous Mercy hospital, opened in 2009 as a hotel following a project by architect Gonçalo Byrne; Pousada Serra da Estrela, in Covilhã, a former sanatorium that was inaugurated as a hotel in 2014, with a project by architect Souto de Moura. These investments tend to combine official and community funding and the private sector, and generally involve a renowned architect leading the restoration plans.

The government’s action theoretically illustrates what Ashworth defined as “heritage paradigm”: built structures “are seen as vehicles for the transmission of historicity, contributing to many contemporary social, political and economic needs” (Ashworth, 2011, p. 10). The refunctioning of the former S. Marcos Hospital as touristic accommodation did not take away from its historic and heritage characteristics. In fact, these were accentuated to enhance the distinct character of the hotel, as is stated on the official website. For instance, the preservation of the main façade contributes to maintaining a representative feature of the city (keeping a pillar of identity for the locals) and to enhancing the historic component that provides singularity to the hotel (targeting travellers). Nonetheless, new internal functions are clearly distinguishable from the original premises. At the same time, compliance with legislation regarding the restoration of listed buildings was contemplated: the project was signed by a qualified architect and revised by the state entity responsible, which previously drafted a report evaluating the cultural and historic importance of the building.

---


Other facilities formerly used by the hospital, such as the Palácio do Raio, also contribute to respecting heritage, revitalizing culture and fostering local identity through its reuse as a public museum and a historical archive. The palace is included in a pedestrian visit route proposed by the city council. These investments contribute to the national tourism strategy in terms of diversification of the touristic offer, namely through the enhancement of cultural heritage and historic city centres. In parallel, they intend to promote conservation, economic valorisation and the public accessibility of historic buildings.

Even though there is no consensus on the fact that adaption is better than demolishing and building anew regarding sustainability and energy efficiency (Barthel-Bouchier, 2013, pp. 137-145; Cassar, 2009), the rehabilitation of historic buildings that were depleted of their previous function tends to be predominantly understood as a sustainable practice – including the fact that it implies a safeguard for present and future generations. Following this idea, rehabilitation should be considered just as recycling, i.e. as a process that inserts the buildings in an innovative cycle of uses within contemporary societies. Thus, the act of reusing architecture is assumed as flexible and as a path towards sustainability, given that the whole picture is contemplated. This means that not only should the façades be maintained, since the structure, materials and construction methods have to be taken into consideration. In the section dedicated to the sustainable use of cultural heritage of the Council of Europe Framework Convention on the Value of Cultural Heritage for Society, signed in Faro in 2005, the promotion of “the use of materials, techniques and skills based on tradition, and explore their potential for contemporary applications” (Council of Europe, 2005, Article 9d) is emphasized. According to the Portuguese classification scheme of hotel establishments, the use and valorisation of existing buildings is privileged over the promotion of new constructions, since the soil consumption is supposedly lesser or inexistent29.

Considering the analysed buildings in Braga, one has also to bear in mind that, even though only partially, they have been listed as Buildings of Public Interest since the mid-20th century, and their complete demolition would be complex in legal terms. The Portuguese government took on the renovation of these types of buildings as a key strategy for increasing tourism and economy, instead of adapting them for other purposes such as housing – a controversial question not only from the heritage and safeguarding point of view.

The location in Braga, which is relatively close to Portugal’s second biggest city, Oporto, could contribute to the decentralization and de-massification of tourism, accompanying a tendency that tries to revitalize different territories within the country. Considering the touristic offer in the city, investing in Braga could also reverse seasonality, e.g. by stimulating so-called short and city breaks throughout the year. In 2019, the city was a candidate to the European Best Destination awards, coming second place, and Vila Galé Collection Braga figured as the highlighted option for accommodation30.

Following Murzyn-Kuisz, “factors decisive to the positive impact of heritage-related projects and activities (such as restoration of historic buildings and provision of hotel services in them) on local development include their long-term orientation and stability; the involvement of the local community both in the provision of tourism services and in exploitation of heritage for other purposes; the capacity of a given area to produce ancillary goods and services; and the links and dependencies between different local heritage-related activities” (Murzyn-Kuisz, 2013, p. 157).

The rehabilitation of historic urban centres needs to be given due attention in order to invert the growing depopulation towards the outskirts. The recuperation of the remaining parts of the S. Marcos Hospital as a healthcare unit by Lusia-das Saude also stimulates the revitalization of the historic city centre, providing fundamental services for the community. Its future role re-

Regarding Medical Tourism\textsuperscript{31} still has to be evaluated after its opening, according to a number of factors, e.g. different medical specialties and high standard diagnostic equipment, experienced staff, competitiveness of treatment expenses, size of waiting lists, etc., which could curb the emergence of medical tourists. In Portugal, Health Tourism has been mostly related to the wellness sector, though in recent years the international tendency of separating tourism dedicated to well-being from tourism destined to medical procedures is becoming a reality. While a national policy for Medical Tourism is still inexistence, interest in this topic is growing and evaluable through studies, official reports and funded European projects such as MT PORTUGAL: Medical Tourism in Portugal – Health, Wellness and Tourism in Portugal\textsuperscript{32}. This project, promoted by Health Cluster Portugal\textsuperscript{33} in association with other private and public entities, aims to place the country as a reliable destination in the international roadmap, catching the attention of foreign patients via high quality medical services associated with the hotel business. Investment to strategically develop this phenomenon is evidenced by medical providers such as the above mentioned Lusiasdas Saúde\textsuperscript{34} and by the emergence of services like MedicalPort\textsuperscript{35}, even though some professionals are critica- 

cal and oppose this statement since most investment has been made by the private sector (Garcia, 2015, pp. 69-70, 82-83). The Government stressed its support in this field through a cooperation agreement signed between several entities for the international promotion of the Portuguese Medical Tourism offer\textsuperscript{36} – nonetheless, the official health sector is not involved, as this area is represented by a private hospital association. In addition, education on Health Tourism has been established as a postgraduate course since 2017, as a partnership between the Turismo de Portugal and Escola Superior de Saúde da Cruz Vermelha, in Lisbon\textsuperscript{37}.

The proximity between the hotel and the future hospital, and their closeness to the historic centre of Braga – thus to touristic and cultural attractions and infrastructures – should not be neglected in terms of strategic planning for this region, as transportation, leisure activities and accommodation are aspects intimately related to Medical Tourism (Garcia, 2015, p. 10). In 2014, the National Strategic Tourism Plan established the qualification of the Health Tourism product as one of the ten main objectives (Turismo de Portugal, 2014, pp. 20-21). However, in terms of regional tourism planning for the North of Portugal, Medical Tourism is not marked as a priority for the 2027 horizon, while the development of wellness products related to mineral waters, thermal spas and the sea is a major goal (Turismo de Portugal, 2017, p. 49) since the region comprises the country’s highest number of thermal spas\textsuperscript{38}. Public and private partnerships could be decisive in mitigating this concentra-

\textsuperscript{31} Medical Tourism can be understood as the act of travelling abroad with the expressed purpose of receiving medical care or undergoing specialized treatments and surgeries for health improvement and curing diseases (Rodrigues, 2017, pp. 24-25); at the same time, medical tourists benefit from the destination’s touristic commodities. Medical Tourism is a market segment of the wider concept of Health Tourism and can be classified as proactive or reactive depending on its primary motivation (Connell, 2011, pp. 3-7; Garcia, 2015, pp. 7-8).


\textsuperscript{34} This was the first Portuguese private medical provider to obtain certification from Joint Commission International. https://www.lusiasdas.pt/en/Pages/accreditation.aspx.

\textsuperscript{35} MedicalPort is a specialized operator targeting international medical tourists in alliance with selected medical providers (https://www.medicalport.org/portugal-medical-tourism.aspx).

\textsuperscript{36} The agreement was signed on 18.12.2019 by Turismo de Portugal, Health Cluster Portugal, Agência para o Investimento e Comércio Externo de Portugal and Associação Portuguesa de Hospitalização Privada (http://www.turismodeportugal.pt/pt/Noticias/Paginas/turismo-de-portugal-aicep-health-cluster-portugal-aphp-promoven-turismo-medico-em-portugal.aspx).

\textsuperscript{37} Health Tourism postgraduate course (https://esscvp.eu/curso/postgraduacoes/turismo-de-saude).

\textsuperscript{38} The regional strategy tends to value the connections between thermal spas, nature tourism and relaxation (Turismo do Porto e Norte de Portugal, 2015, p. 25).
tion on wellness and expanding Medical Tourism to the entire region.

Further concerns attached to the new uses of historic buildings include accessibility, be it in terms of inclusion – access by people with disabilities, but also gender equality in employment, among other aspects – or regarding infrastructures and transportation, e.g. investing in railroad and soft transportation modes such as pedestrian routes and bicycles, moving towards widespread sustainability goals.

The focus on domestic and regional tourism is important for the Portuguese touristic agenda as it values the entire territory, and could be used against the sector’s adverse effects, namely the massive development of global tourism and consequent threats to climate changes. Regarding the goals of the UN 2030 Agenda for Sustainable Development, Turismo de Portugal adopted the UNWTO’s view. For the particular case study in Braga presented in this paper, some goals should be stressed, specifically the capacity of tourism to create jobs and promote local culture and products (goal 8.9): the hotel points out that 50 direct jobs were immediately created. Recently, Portugal implemented the Tourism Training Talent project designed to qualify human resources in the tourism sector, which could curb this claim. The development and implementation of tools to monitor these activities regarding responsible consumption and production (goal 12.b) should also be a concern. In addition, one should note the adoption of guidelines in the tourism and heritage sector (i.e., the hotel and the interpretation centre) that contribute to their sustainable use and increase their relationship with the communities in which they are integrated. Environmental and social sustainability are at the core of the Portuguese tourism strategy. Nonetheless, as noted by the UNWTO, efficiency measures generally taken by accommodation providers, such as new technologies for energy and water, waste treatment, pollution reduction, local suppliers, guest involvement, etc., still tend to mitigate instead of actually fighting the negative effects of tourism on climate change (UNWTO, 2017, p. 45). Innovative ideas, such as Braga’s hotel “paper free” digital initiative, are urgent, yet not sufficient to confront the current climatic emergency standpoint.

5. Conclusions

Tourism is one of the most important sectors of the Portuguese economy. The alliance between tourism, heritage and health is emerging and becoming an official concern, even though mainly supported by private investments, as the case study in Braga and the various new uses of the historic hospital buildings confirm. If history, tradition and local identity have been used as a resource for marketing touristic destinations and specific sites for the last two decades, alliance to healthcare is relatively new and unexplored, therefore a differentiating asset for the industry. The location of the buildings analysed – hotel, future hospital, museum – in the city centre and their proximity to other services and touristic sites could be further explored, for example by connecting medical tourists seeking the hospital to the hotel, or through involvement with responsible entities to establish ampler cultural routes and guided visits in the region.

For the hotel, sustainable adaptive reuse was paired with highlighting the original architectonic features from the former S. Marcos Hospital. One should underline the requirement of involving several agents in this type of intervention, including heritage managers, architects, geographers and art historians, since rigorous historical research constitutes an unavoidable stage. Though the hotel is primarily intended for tourists and historical elements serve to attract them to a distinctive experience, the preservation of an iconic building is also decisive for local residents, considering the significance of the perceptions and images of the city by their inhabitants (Lynch, 1960). Adaptive reuse can value this affective connection, while at the same time conserving cultural assets that acquire new functions and, hence, can contribute to shaping the identity of generations to come.

As the reviewed literature corroborated, adaptive reuse of heritage for sustainable tourism is an area with manifold investigation possi-
Built heritage can be crucial in multiple ways for cultural and sustainable tourism, as well as for social and economic regeneration movements. Strategic long-term planning and involvement of several stakeholders – government, private sector, distinct professionals, local communities, tourists – while considering the entire region and its development within the country’s goals is key to valuing built heritage – understood as a non-renewable cultural resource and decisive for local identity – and to providing buildings with new life in the present in order to preserve and pass it on to future generations.

The case study in Braga evidenced potential for further research, for example a comparative approach with similar interventions in built heritage fostered by the Portuguese government and involving private investment namely through Programa Revive, but also comparisons with international cases (e.g. Spanish Paradores), comprehending adaptation methodologies and sustainable practices, original, historical and new uses, urban transformation and gentrification processes, impacts on economy and tourism, engagement of local population and tourists, integration in cultural routes, among other topics.

Acknowledgements

This paper was developed within the framework of the research project CuCa RE: Cure and Care the rehabilitation (PTDC/ATPAQI/2577/2014), funded by the Portuguese Foundation for Science and Technology (FCT).

The contents of this paper were presented at the 4th Annual International Conference Global Management Perspectives “Global Issues and Challenges for Accessibility and Sustainable Tourism”, held in Lecce, Italy, 1-2 March 2019.

The authors thank Grupo Vila Galé for the permission to reproduce their pictures, and also acknowledge the reviewers for the input that helped to improve the paper.

References


