



# Accidents abroad — a salutary tale

Any kind of health emergency abroad can present significant difficulties for the traveller, not least in communication in a foreign language and dealing with an unfamiliar health care system. This case study illustrates what can go wrong and how the traveller can best prepare for the unexpected

**G**lobally, falls are a major public health problem. The World Health Organization<sup>1</sup> states that falls are the second leading cause of accidental or unintentional injury deaths worldwide, and each year an estimated 646,000 individuals die from falls.

So the problem is significant, but when an accident happens to a traveller in a country where the language and healthcare facilities are different, it can be extremely challenging and stressful. The following case study shows the impact an accident can have both on the traveller and his companions, and illustrates not only the importance of taking out insurance which includes medical repatriation, but of the need to keep all necessary information to hand. A form which can be used for your travellers to keep such details is also included.

## THE ACCIDENT

In 2017, a group of six friends took a short break to Majorca. On the first night they all enjoyed a meal, before retiring to their rooms. There was a large marble staircase leading up from the restaurant, and upon leaving, one of the friends, Michael (aged 50) caught his foot on the step then fell straight backwards, hitting his head so hard on the marble floor at the bottom that he lost consciousness. His companions found him unresponsive, with very shallow breathing that initially was difficult to detect. He had suffered a myocardial infarction only a few months prior to this holiday, and understandably, his partner was distraught.

The hotel called an ambulance, which arrived very quickly. The doctor on the scene explained Michael would need to go to hospital, but insisted on being paid

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before the ambulance departed so the group had to scabble around to find enough money. The ambulance was a private service and transported Michael to a private hospital where he was diagnosed with a cerebral haemorrhage. These services were not covered by the EHIC provision so on arrival, there was an urgent request for the full paper copy of the travel insurance. Michael's partner only had access to the policy online, via her mobile phone, but she had no signal and couldn't access it. Neither did she have a credit card and the hospital refused to commence any treatment until guarantee of payment was provided. Fortunately another member of the group was able to offer a credit card, and this satisfied the hospital. Eventually, the group accessed the insurance policy from a hospital computer, and was able to print it out. It stated that Michael was not covered for any ongoing treatment at a private hospital, but the insurer did agree to pay the £3,500 bill that had already been accrued. However, no further treatment could be undertaken at the private hospital without full payment.

None of the group was aware at first that the services Michael received were being provided privately and it was just fortunate that they could manage to pay for the treatment at the time. Questions asked on Michael's initial admission included information about his current medication, his National Insurance number (which his partner didn't have), and numerous

enquiries about the travel insurance which required several calls to the insurance company, further complicated by the fact that connection was difficult via mobile phone, international codes didn't work automatically and the signal was poor.

## COMMUNICATION ISSUES

It was decided to transfer Michael to a larger hospital in Palma, about an hour away. Michael's partner and another member of the group followed on in a taxi in the early hours of the morning. Michael was admitted to the intensive care unit. Communication was very difficult as neither of them spoke much Spanish, the staff not much English, and stress levels were very high. Fortunately they had had the presence of mind to charge their phones at the hotel while they were getting things together, as without them it would have been even more difficult – they used a translation facility, which helped a little. The next four days were spent driving a hire car back and forth to the hospital, driven by the only member of the group to have their driving license with him, a round trip of 70 miles each day.

The hospital did have a translator but she never seemed to be around when doctors visited, so it was very hard to find out what was happening. It was a daily struggle to find out some information that had been requested or fill out forms, which was very difficult with the language barrier. Finally, the couple were repatriated on a medically assisted flight five days later, but the day after returning Michael suffered a large stroke. Thankfully, he made a reasonable recovery after several weeks in hospital, then a few months of rehabilitation at home.

The whole experience was truly frightening and an object lesson in the need to prepare for unexpected emergencies. When faced with a crisis, one isn't always thinking clearly, and it is understandable that panic sets in.

When a trip is booked via a travel agent with a holiday representative in

place at the destination, there is a degree of added support but so many bookings are now made independently, and there needs to be greater awareness of the risks.

To help travellers, the author designed this list of all the information that would have been useful to have at hand. Having

this completed checklist both as hard copy and stored on a mobile would have significantly reduced stress and anxiety in the event of any accident or medical emergency abroad. ♦

#### Reference

1. World Health Organization. Falls, 2018  
<https://www.who.int/en/news-room/fact-sheets/detail/falls>

### Travel Emergency Pack & Checklist

Make sure your travelling companion is aware of where this pack is, or take two packs, one in each of your suitcases. If travelling alone, leave a copy with a UK contact

Travel Emergency Pack & Checklist		
Make sure your travelling companion is aware of where this pack is, or take two packs, one in each of your suitcases. If travelling alone, leave a copy with a UK contact		
<b>Documents &amp; Information to take with you</b>	✓	Complete the details below, including Insurer's emergency phone number from abroad and international dial codes
Private Travel Insurance Policy (printed hard copy)		Tel No.
EHC Card (must be in date) <a href="https://www.nhs.uk/using-the-nhs/healthcare-abroad/apply-for-a-free-ehic-european-health-insurance-card/">https://www.nhs.uk/using-the-nhs/healthcare-abroad/apply-for-a-free-ehic-european-health-insurance-card/</a>		
Credit Card (with good spending limit!)		
Photocard driving licence		
Written list of any medical conditions, allergies & medications you take <i>(Check your destination's policy on travelling with medication, you may need supporting documentation)</i>		
Medication to last you 1 week more than the duration of your trip		Drug names
National Insurance number		No.
Mobile phone, with ability to use abroad		Your No.
Language phrase book/app, from English to the country's language		
Printed itinerary and flight details		
Passport No.		No.
Tips & Notes		
When dialling the UK from abroad first use the international code of the country you are in, followed by the UK Country Code which is 44 (then omit the 0 of area code or mobile number)		
Visiting Country's International Dialling Code if EU Country		00
Visiting Country's International Dialling Code in non EU Country		
British Consulate Assistance Team to call from abroad		+44 2070081500
State Emergency Service number in any EU country is		112
In case of emergency		
	Name	Tel No.
UK contact		
Holiday details		
Holiday accommodation details		
Travel details		
Dates of flights and travel company/airline		

**In an emergency charge your mobile phone when you can!**