



Dr Graham Denyer

Chief Medical Officer

First Assistance

Auckland

Saturday, June 10, 2017

(Room 4)

11:00 - 11:55 WS #113: Bucket List Syndrome - Pitfalls in Assessing Fitness to Travel

12:05 - 13:00 WS #125: Bucket List Syndrome - Pitfalls in Assessing Fitness to Travel
(Repeated)

Bucket List Syndrome

Pitfalls in Assessing Fitness to Travel

Graham Denyer

FACRRM, FRNZCGP, PGDip AeroRT

Chief Medical Officer

First Assistance



first ASSISTANCE

- 200 full time staff
- Travel experts, security specialists, medical specialists
- Emergency operations centres in Auckland, Sydney, UK



25 year old NZ headquartered company



7 doctors, 10 nurses, 50+ medical case managers/logisticians



Manage cases in 120+ countries annually



Manage 10,000+ assistance cases annually



24/7 365 Operation



Manage 1,500+ air evacuations and repatriations annually

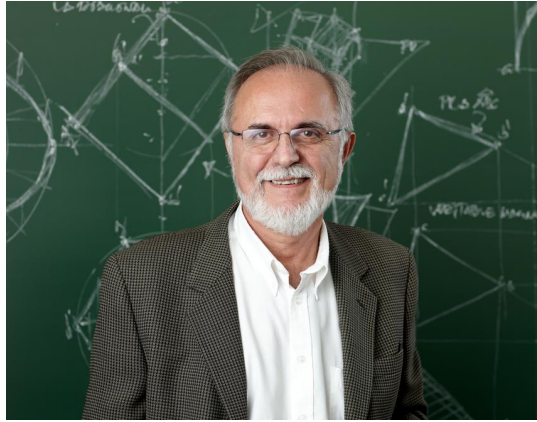
First Assistance – Medical Functions

Assessing Quality of Care

Evacuating to Appropriate Level of Care as Required

Aeromedical Repatriation

Insurance Aspects



Tom

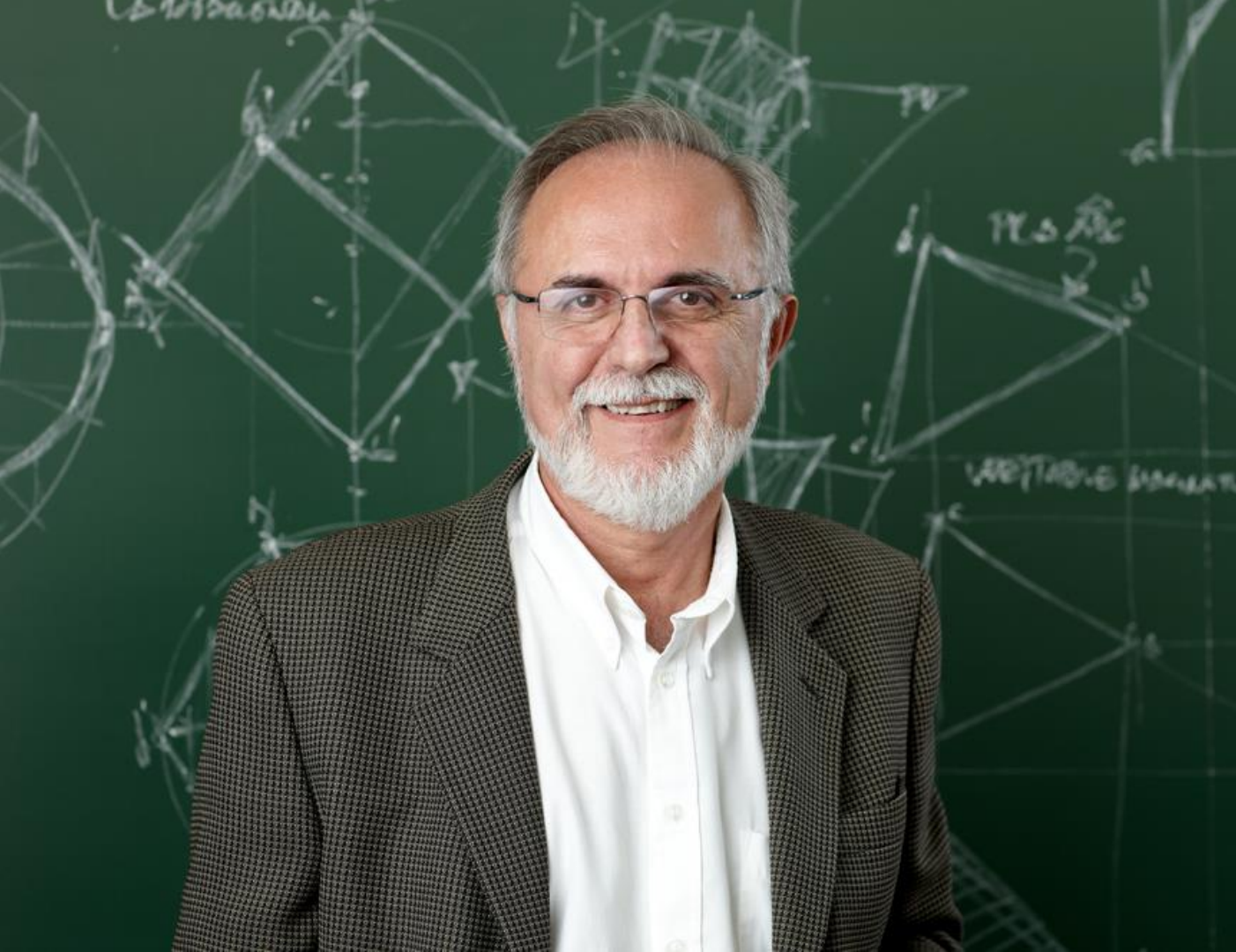


Judy



Jim

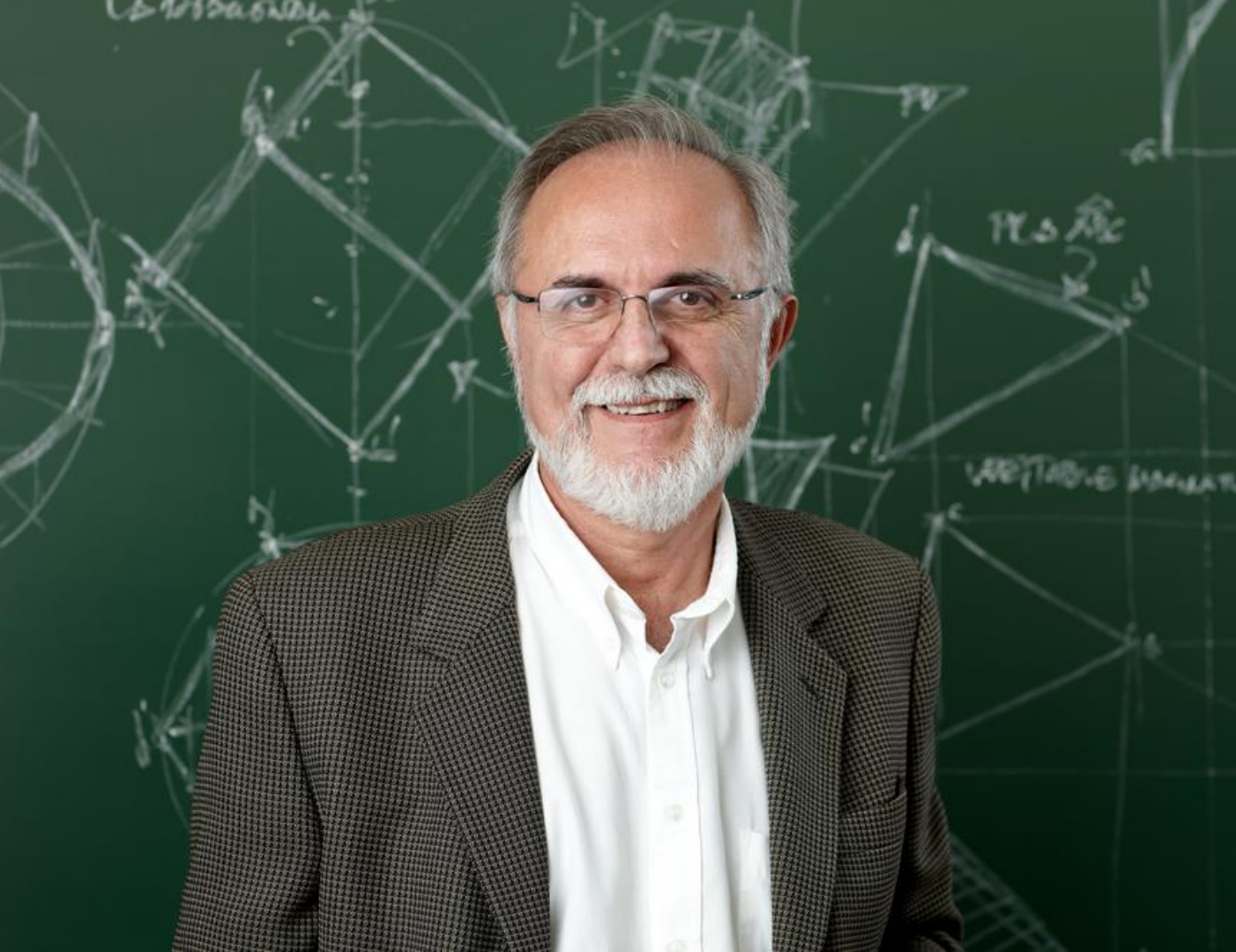
Case Studies



Tom is a 58 year old Professor and has been your patient for 15 years.

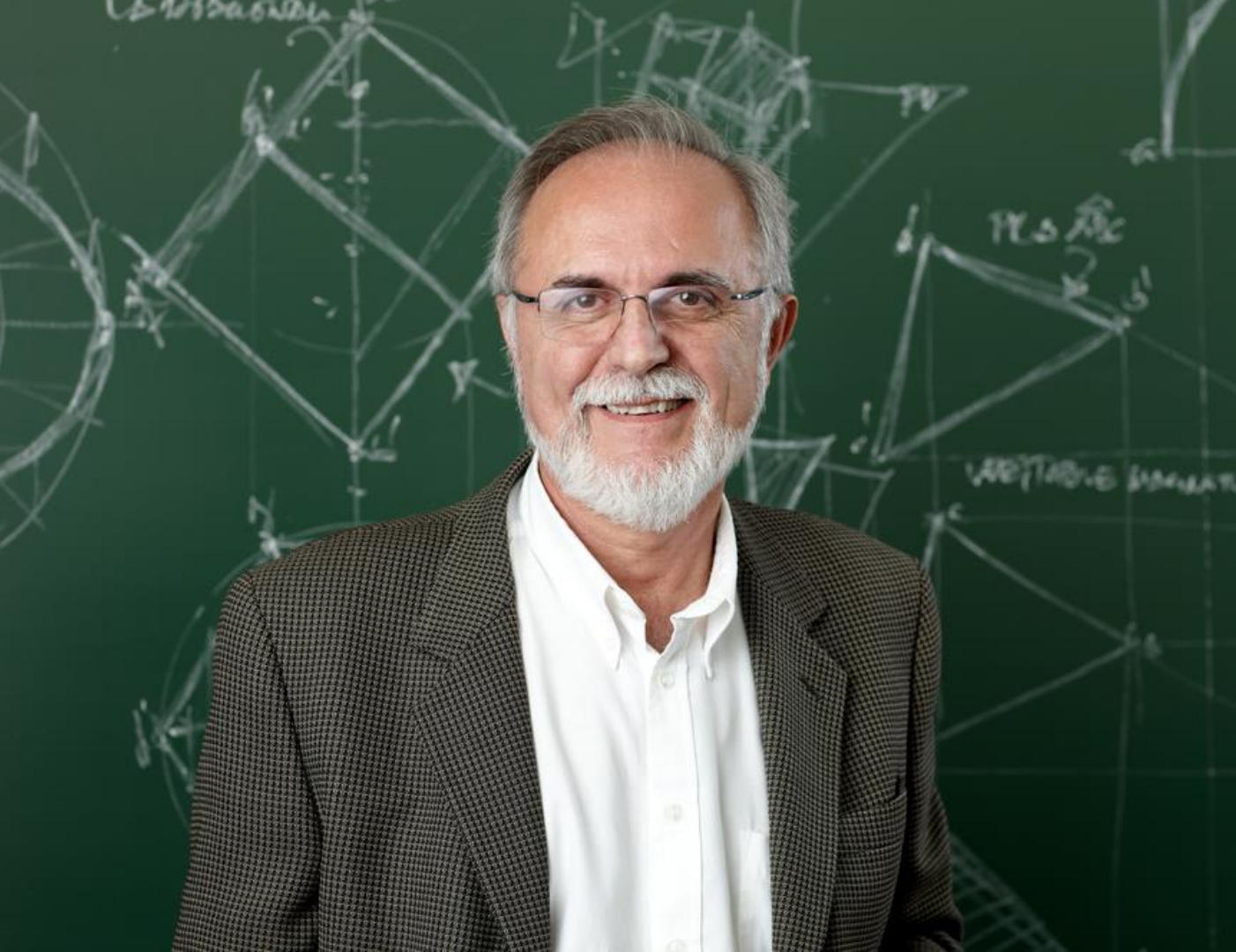
He has no significant medical history other than mild treated hypertension, and a past history of GORD (demonstrated on gastroscopy 4 years ago).

The GORD symptoms settled when he quit alcohol and coffee and he is on no treatment for it currently.



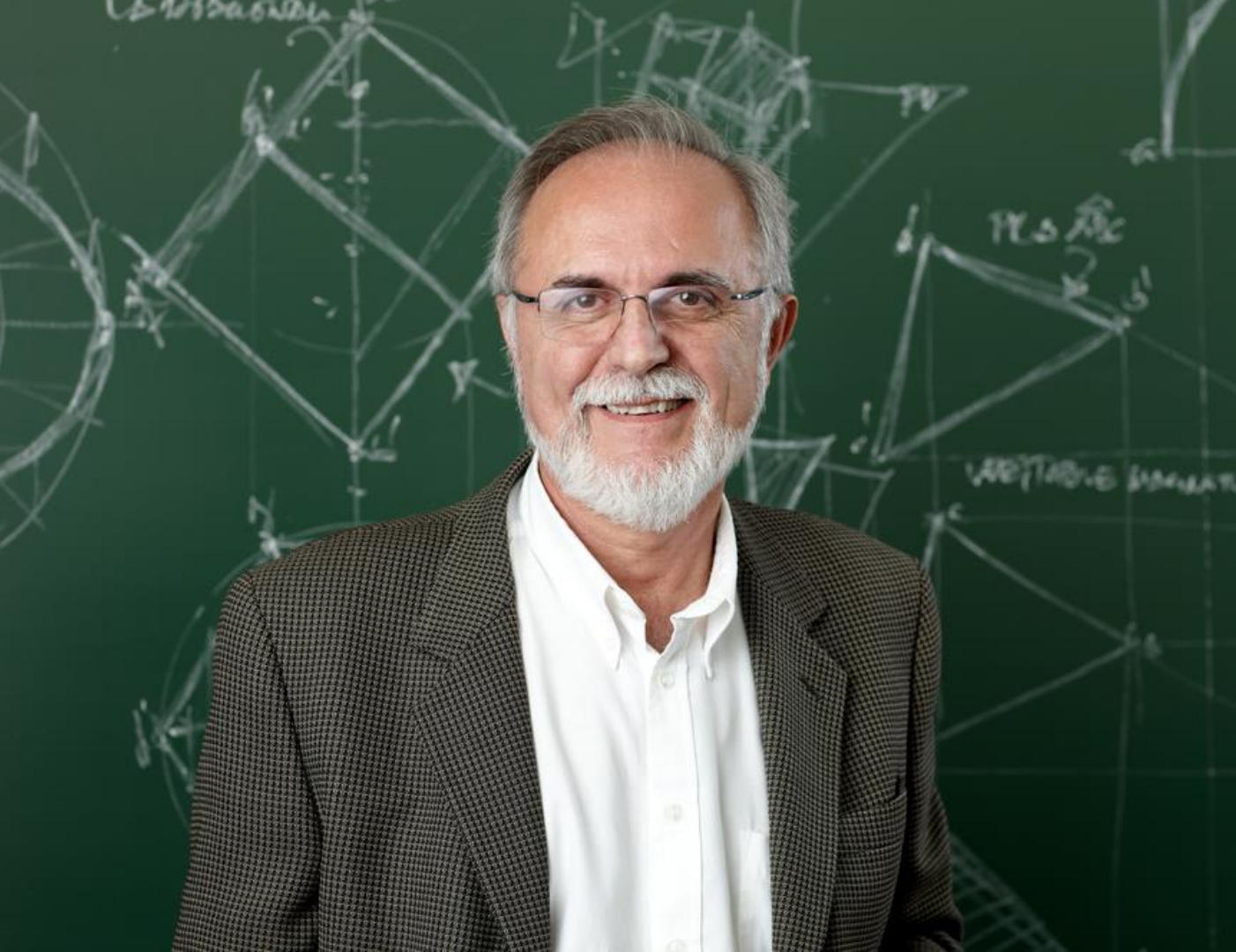
He comes in for his routine 6 monthly check up and mentions his heartburn has come back a bit but that work is stressful and he is also drinking coffee again.

On questioning he also mentions that he is feeling unfit and getting a little more breathless than he used to on exertion. He's puts this down to having stopped cycling after he was knocked off his bike 6 months ago.



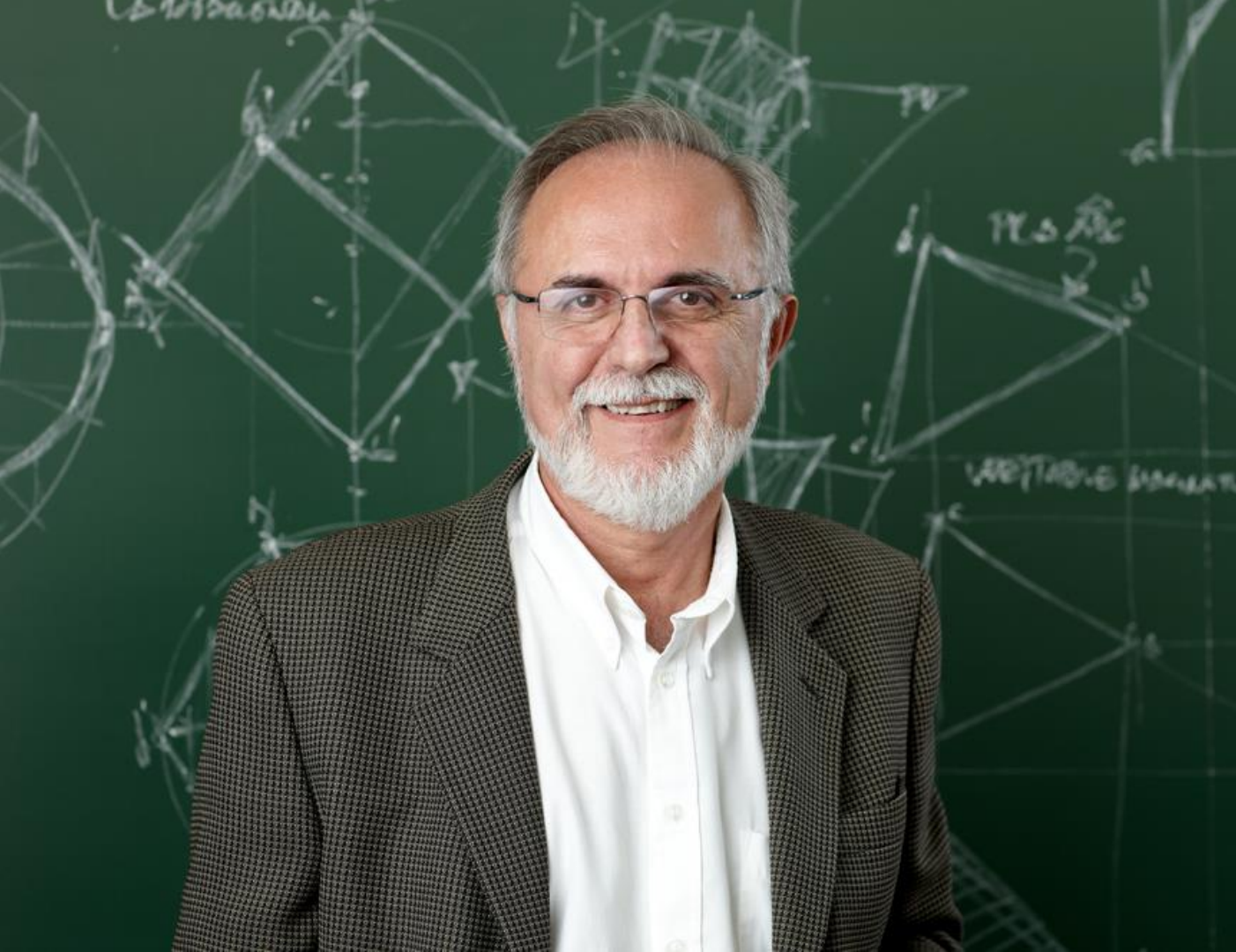
After review your assessment is that this is could well just be GORD but that IHD must be excluded.

You decide to trial putting him back on a PPI, and refer him for an exercise stress test.



At the end of the consultation he mentions he is travelling to Shanghai in 2 days time for a 3 day conference.

“I’ve been waiting 10 years to get the opportunity to speak at this conference”



Is Tom fit to travel
to his conference?

Judy is a 38 and comes to see you for a pre-travel consultation.

Judy had a mastectomy for Stage IIA ER positive breast Ca 2 years ago.

15 months ago a solitary pulmonary metastasis was discovered she and underwent chemo and radiotx.



At her last scan 3 months ago the nodule in her lung had not changed size and her oncologist advised her disease was 'stable' and he was happy for her to travel.

She is feeling fit and well and is at the gym daily.

She is on ongoing hormone therapy.

She has no other medical problems and examination is unremarkable.



With the trials of the last 2 years largely behind her and a new perspective on life she is excitedly planning a 4 week journey to Africa, including a Safari in the Okavango Delta, Botswana.

“It’s always been my dream to go on Safari”



Is Judy fit to travel?



Jim is a 80 year old retired boiler maker who has been your patient for a decade.

Jim has significant asbestosis from occupational exposure. His disease has been stable for several years but he does suffer from significant SOBOE. His resting O₂ saturations are 90% on room air.

He has had 2 admissions to hospital in the last 5 year for pneumonia.



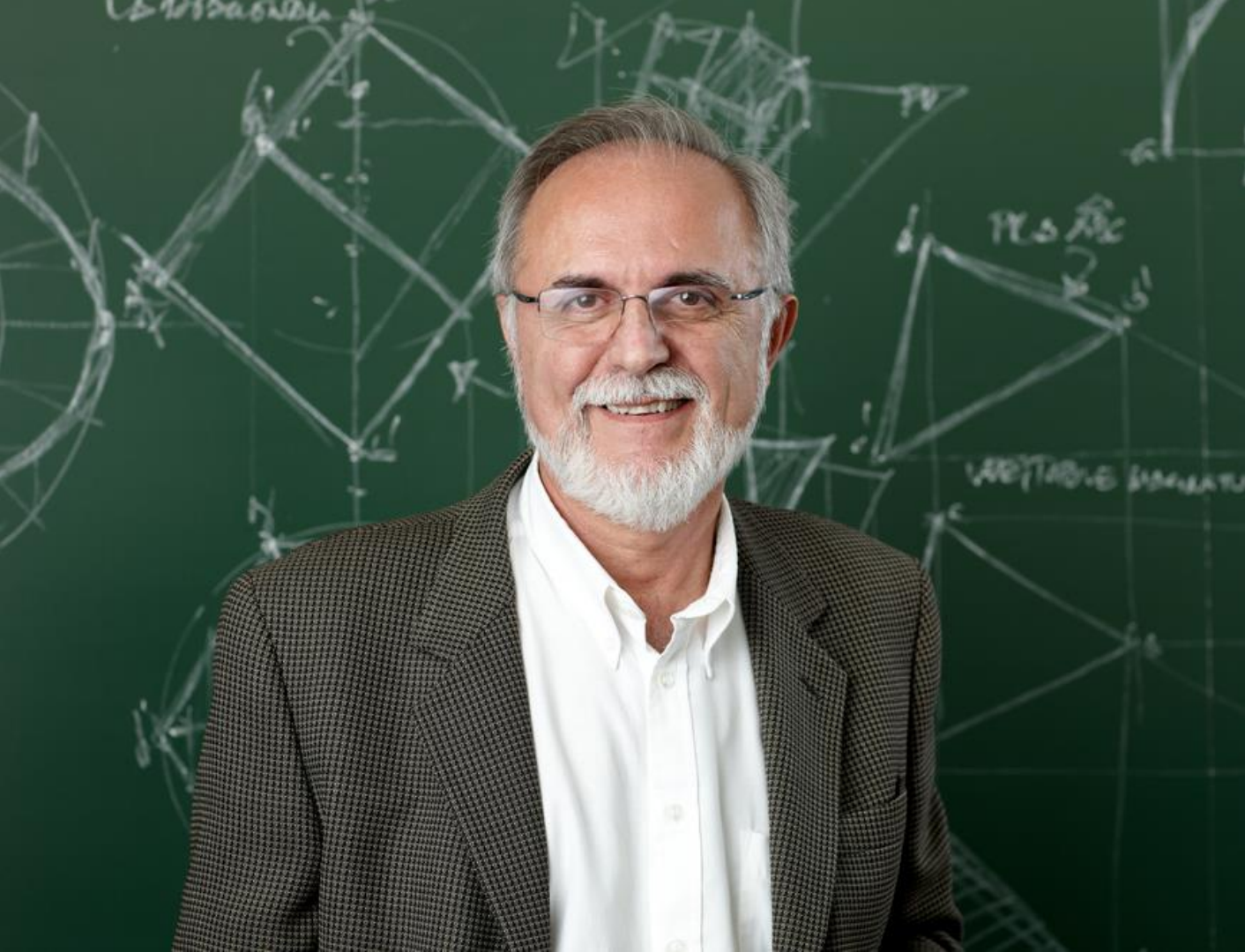
Jim's kids have banded together and shouted him a cruise to the Svalbard, Norway for his 80th birthday as Jim has always wanted to see the Northern Lights.

His respiratory physician thinks he will manage the trip if oxygen is provided for his flights and is happy for him to go. The airline has cleared his MEDA (filled in by the respiratory physician) and approved 2 lmin- oxygen for the journey.



Is Jim fit to travel?



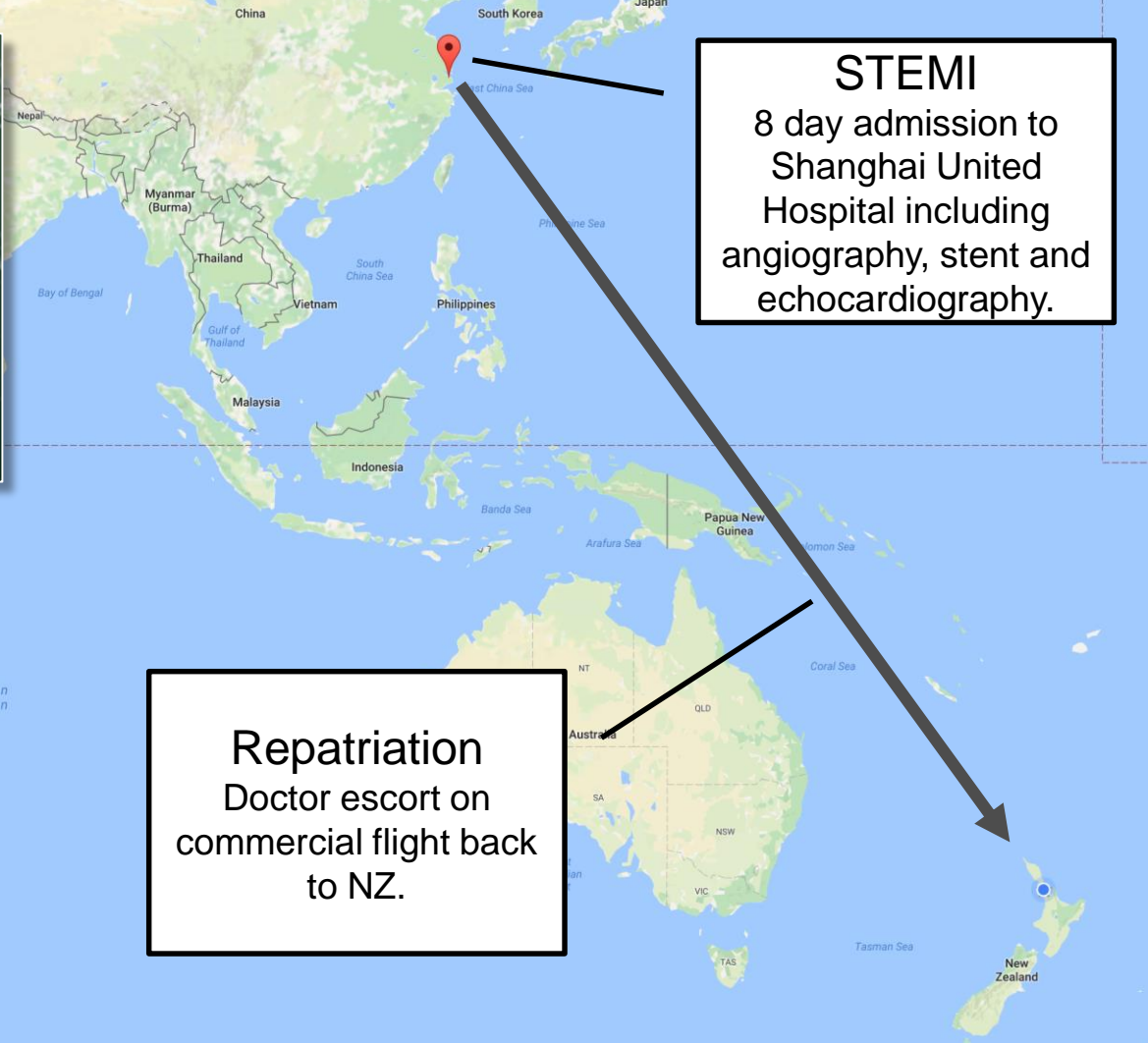
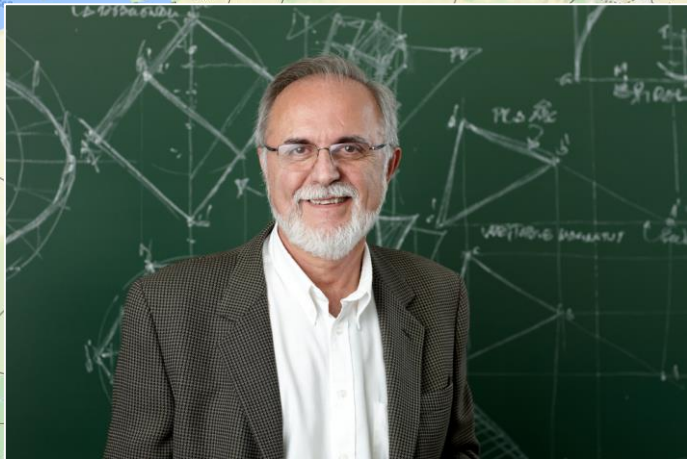


Tom goes to his
conference...



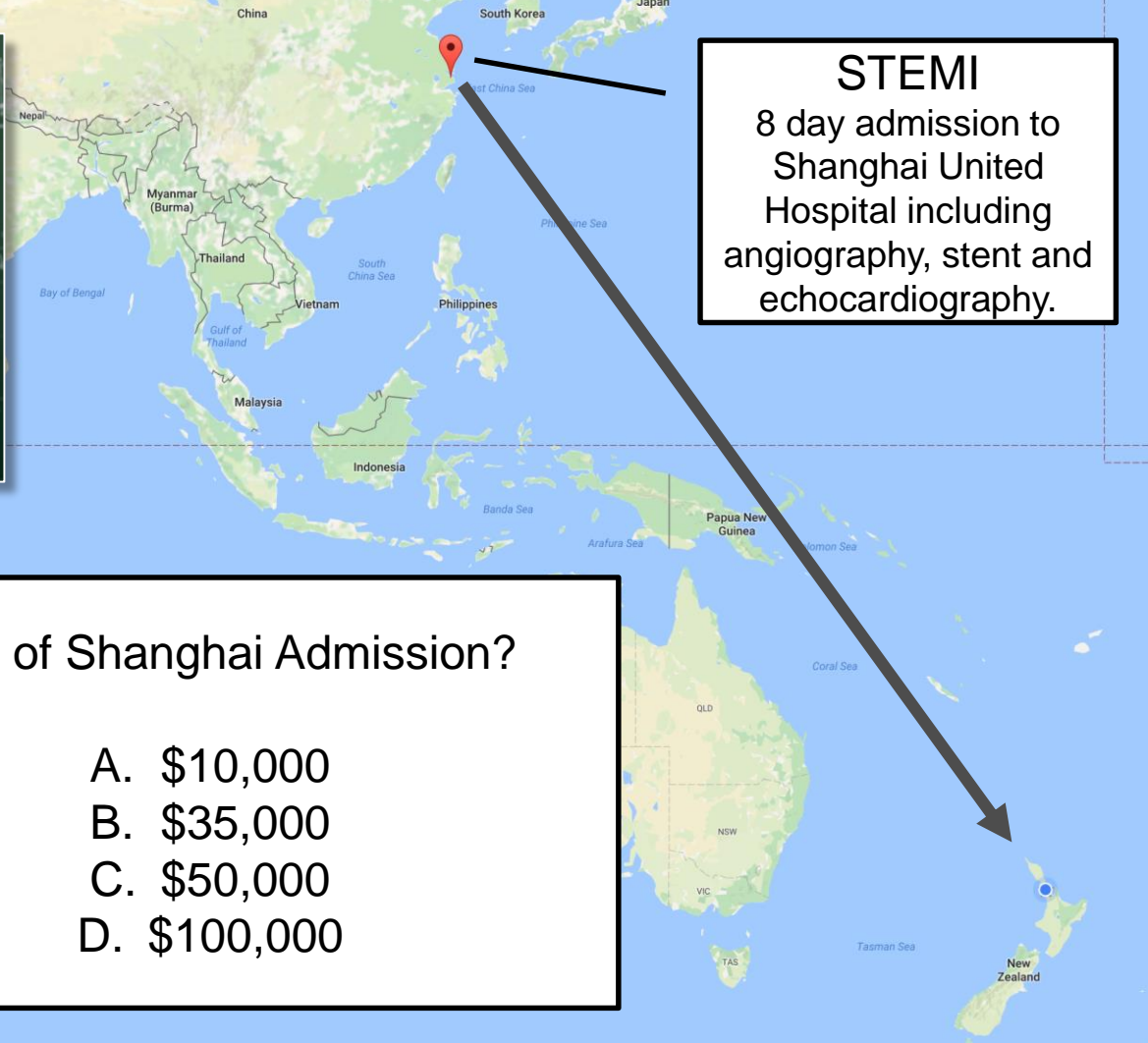
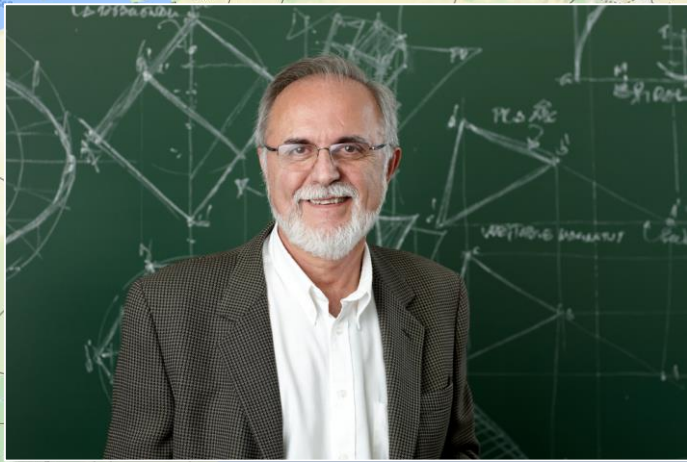
While in Shanghai he collapses at the conference dinner after experiencing chest pain

He is admitted to CCU in Shanghai United Family Hospital – a large private hospital in Shanghai.



STEMI
8 day admission to
Shanghai United
Hospital including
angiography, stent and
echocardiography.

Repatriation
Doctor escort on
commercial flight back
to NZ.



STEMI
8 day admission to
Shanghai United
Hospital including
angiography, stent and
echocardiography.

Cost of Shanghai Admission?

- A. \$10,000
- B. \$35,000
- C. \$50,000
- D. \$100,000



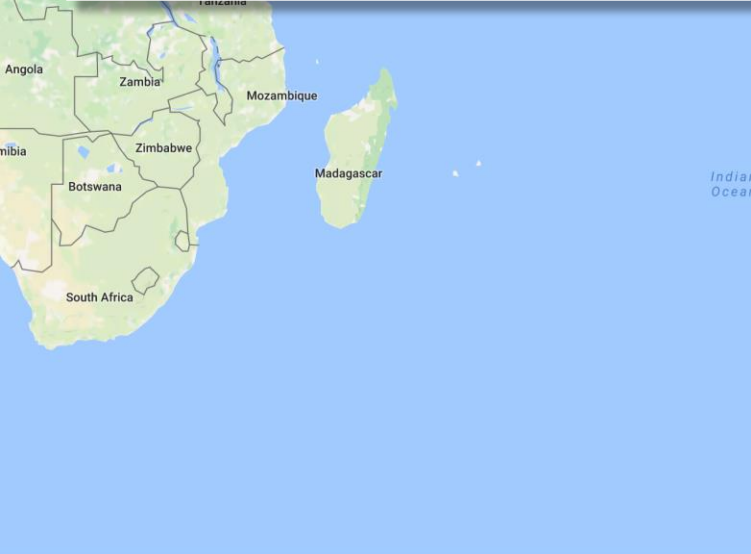
Cost of Repatriation with Doctor escort?

- A. \$5,000
- B. \$10,000
- C. \$15,000
- D. \$20,000

Repatriation
Doctor escort on
commercial flight back to
NZ.



Total Cost ~\$70,000



Judy heads off on
her trip to Safari in
the Okavango
Delta...



While on safari Judy suffers a prolonged grand mal seizure.

She is GCS 12 in the local clinic at Maun, a town of 30,000 people at the base of the Okavango Delta.

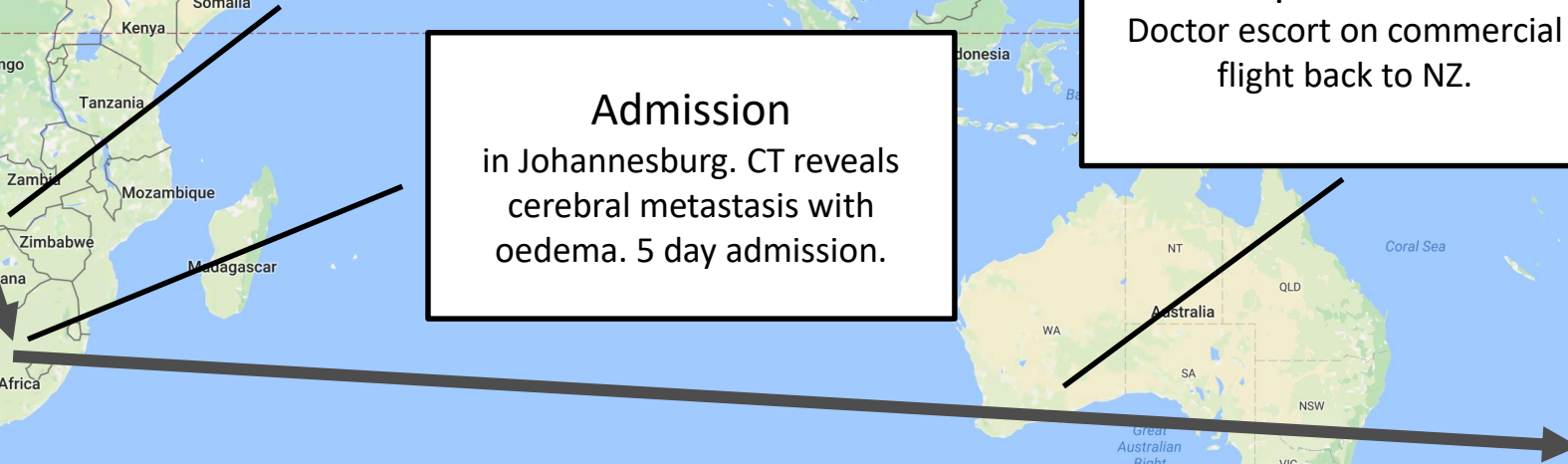


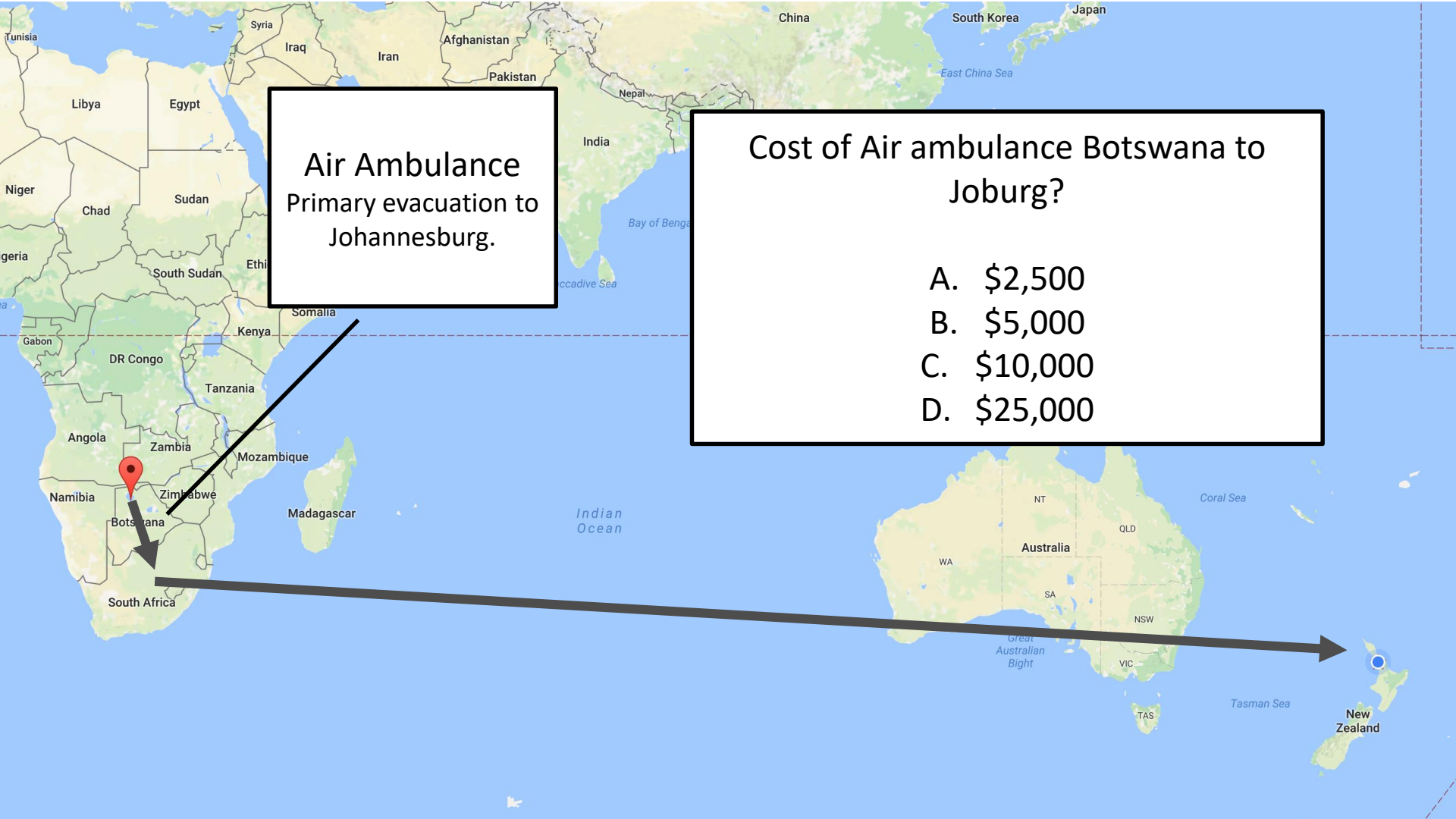


Air Ambulance
Primary evacuation to
Johannesburg.

Admission
in Johannesburg. CT reveals
cerebral metastasis with
oedema. 5 day admission.

Repatriation
Doctor escort on commercial
flight back to NZ.





Air Ambulance
Primary evacuation to
Johannesburg.

Cost of Air ambulance Botswana to
Joburg?

- A. \$2,500
- B. \$5,000
- C. \$10,000
- D. \$25,000



Total Cost ~\$60,000

Jim flies away in
search of the
Northern Lights...



While on his cruise Jim becomes unwell with a fever and worsening shortness of breath.

He has been offloaded by the cruise line doctor and is now in Longyearbyen hospital, a GP run hospital in Longyearbyen, Svalbard population 2000.

The local doctor has been treating him for pneumonia but he is not improving and requests evacuation to the Norwegian mainland.



Jim is evacuated by air ambulance to Tromso University Hospital, Norway.

He continues to deteriorate and is intubated.

A prolonged ICU stay of a month follows. A tracheostomy is inserted. He makes a slow recovery complicated by significant ICU polyneuropathy.



His recovery plateaued and it is decided that he is well enough for an air ambulance transfer back to New Zealand with an ICU team – though he remains ventilator dependent at night and very deconditioned.



Air Ambulance
Primary evacuation to
Tromso

The map shows a patient's journey starting from Tromsø, Norway. A black arrow points from Tromsø to a box describing admission. Another black arrow points from Tromsø to a box describing repatriation. A third black arrow points from the repatriation box to New Zealand. The map includes labels for various countries and seas, such as Greenland, Iceland, Sweden, Finland, Norway, Denmark, United Kingdom, Russia, China, India, and Australia.

Admission
25 days ventilated in ICU in
Tromso, Norway.

Repatriation
Air Ambulance with ICU Team

Air Ambulance
Primary evacuation to
Tromsø

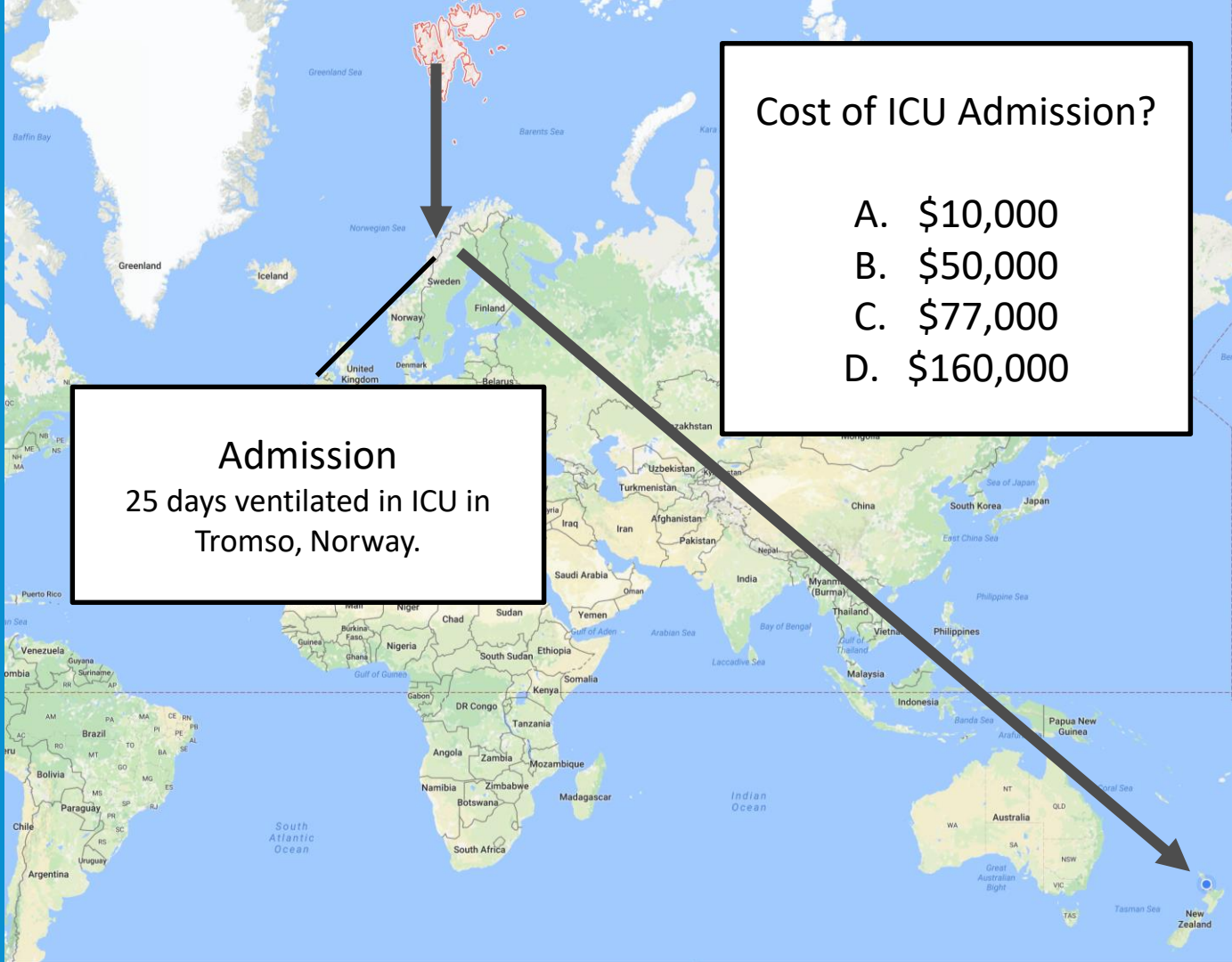
Cost of Air ambulance
Svalbard to Tromsø?

- A. \$5000
- B. \$10,000
- C. \$20,000
- D. \$30,000

Cost of ICU Admission?

- A. \$10,000
- B. \$50,000
- C. \$77,000
- D. \$160,000

Admission
25 days ventilated in ICU in
Tromsø, Norway.



Cost of Repatriation?

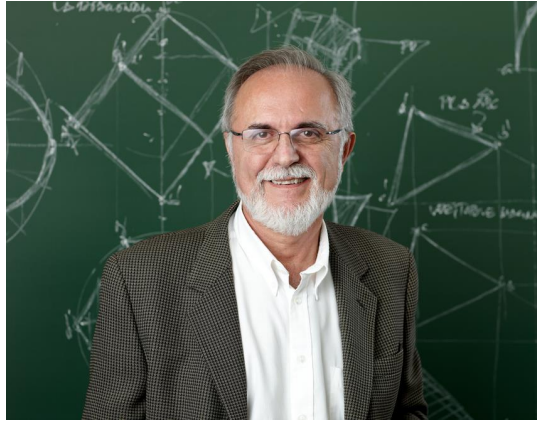
- A. \$75,000
- B. \$150,000
- C. \$225,000
- D. \$310,000

Repatriation
Air Ambulance with ICU Team

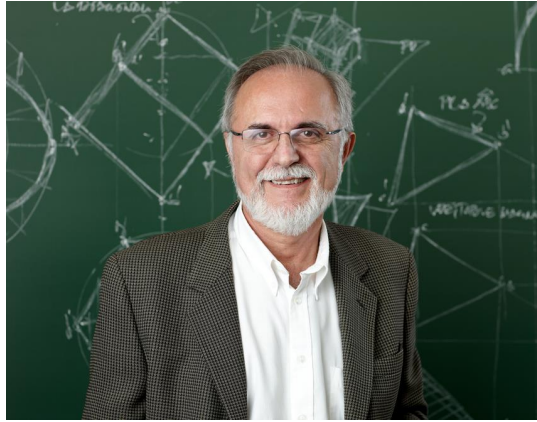




Total Cost ~\$500,000



Did their travel insurance cover them?



No

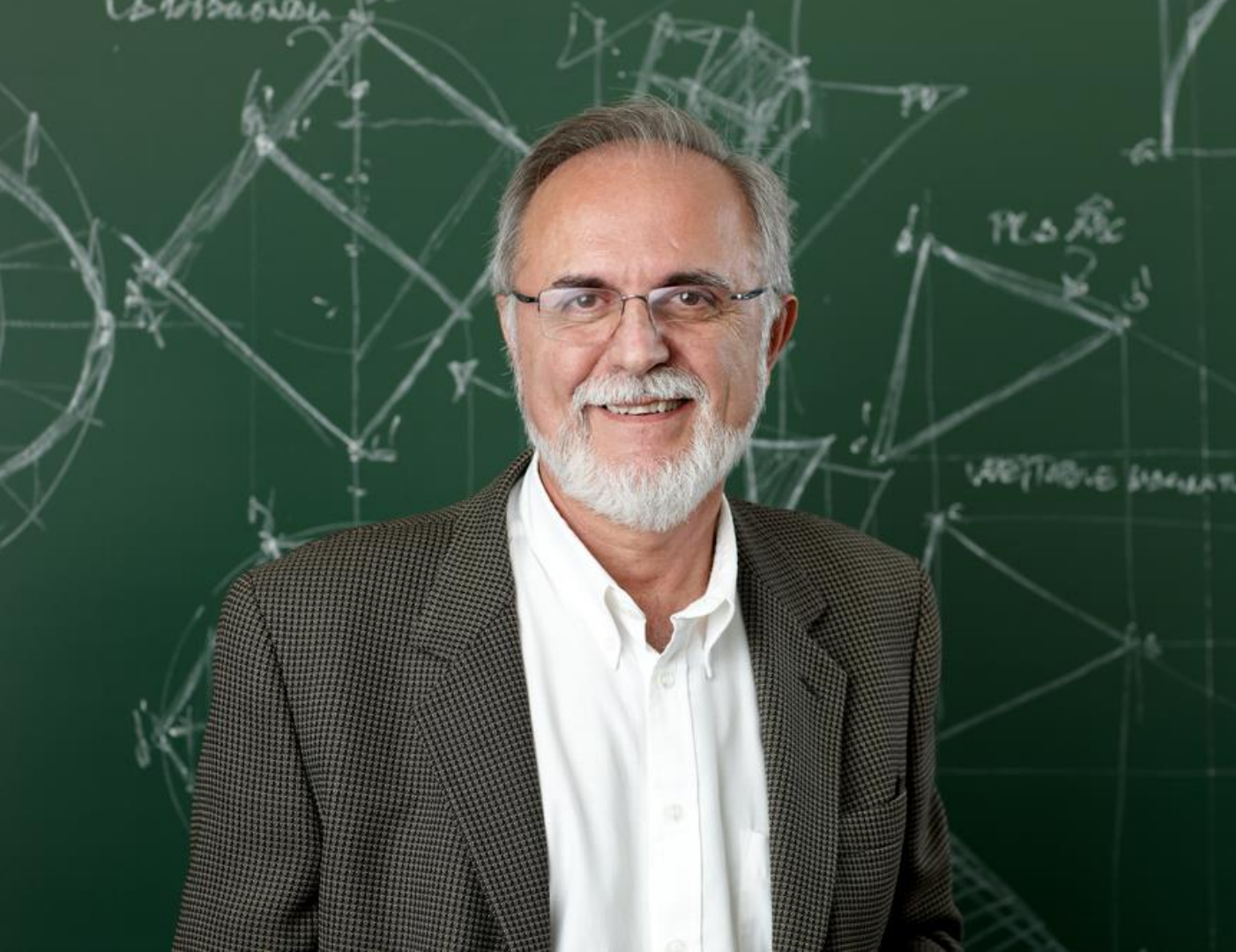


No



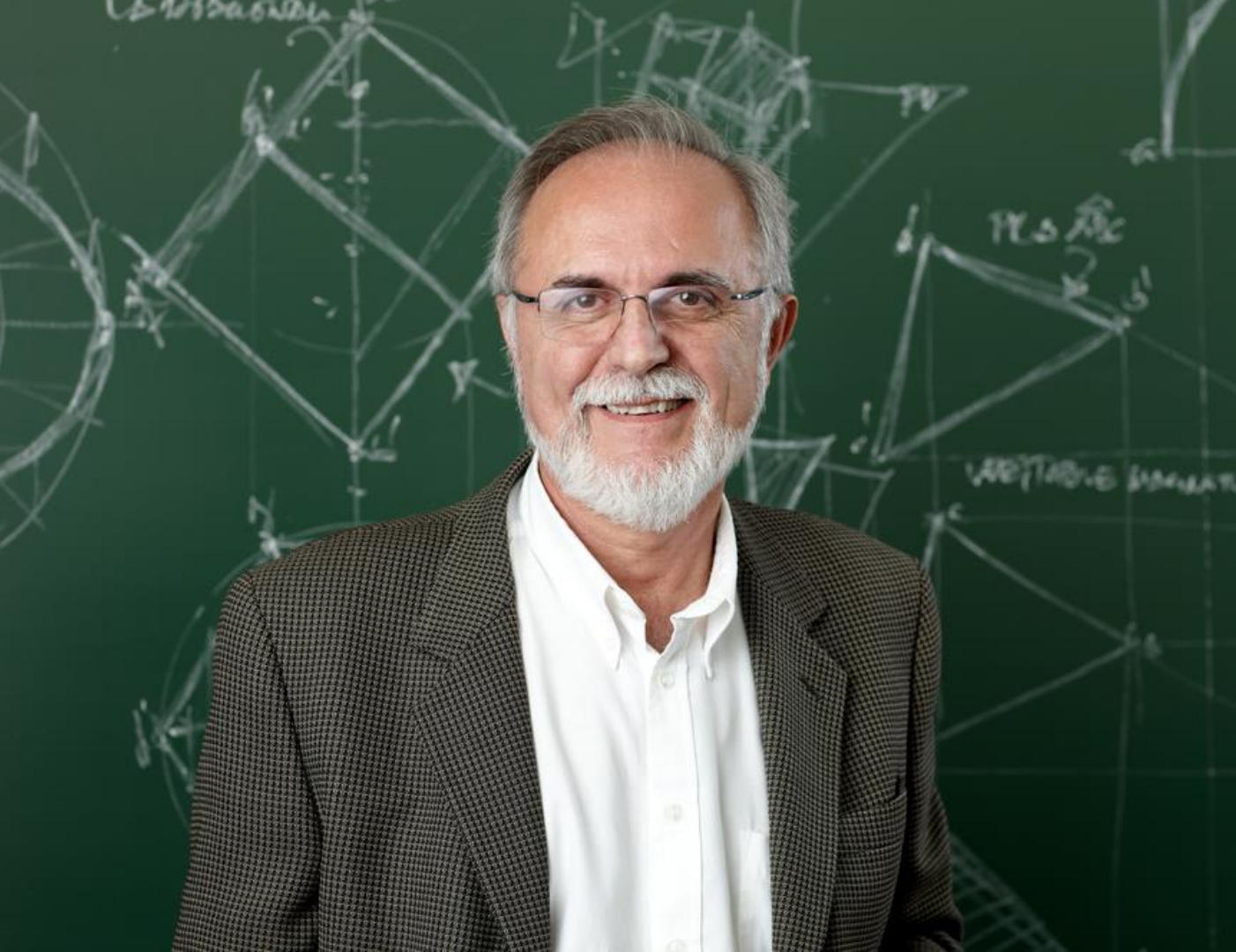
No

Did their travel insurance cover them?



Tom did not seek pre-existing cover for his 'heartburn' symptoms as from his perspective he hadn't been diagnosed with anything so it wasn't a 'condition' he could declare.

His GP's notes indicated concern that his symptoms could be ischaemic heart disease and that the GP had advised him cancel his trip until a diagnosis was confirmed.



He was declined cover on the basis that he

Travelled against medical advice

Had a symptoms that were awaiting investigation which therefore met the definition of an undisclosed pre-existing condition.

Judy declared her breast cancer and was provided with cover but did not declare that she had metastatic disease.

She was declined cover on the basis that she had a terminal or palliative condition.



Jim declared his pre-existing asbestosis and was provided cover.

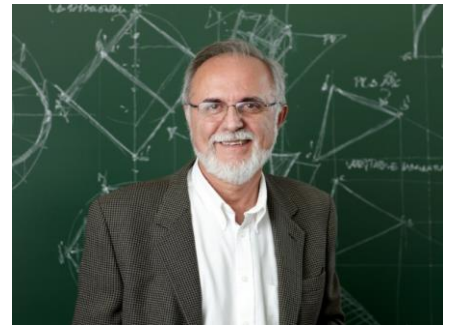
But due to his age (80) his benefit was capped at \$50K, leaving his family a bill of \$450,000.

Jim and his wife were aware of the limit but had no understanding of just how expensive overseas medical treatment and repatriation could become.



Pitfalls

- Poor understanding of degree of isolation from care
- Poor understanding of potential magnitude of costs
- Poor understanding of travel insurance
- The 'bucket-list' factor
- Malignant advocitis

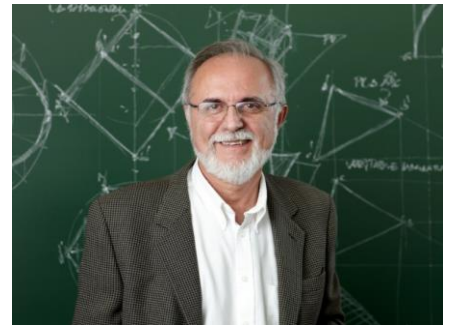


Take Home Messages

Fitness to Fly \neq Fitness to Travel \neq Fitness to Insure

All travel insurance is not created equal

Beware of the 'Bucket List'



first 
ASSISTANCE

Questions?



Pitfalls

Miscalculation of risk



Field trip to a gold mine near Kumasi, Ghana, West Africa



Field trip to a gold mine near Inchiri, Mauritania, West Africa



Conference in Bangkok Thailand



Conference in Xian China



3 weeks research project to Dry Valleys, Victoria Land, East Antarctica



3 weeks research project aboard MV Orion, Antarctic Tourist Cruise Ship

