

Flying home

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1. Introduction

This publication had its beginnings in the experiences of the palliative care services at the Pembridge Palliative Care Centre and St Mary's Hospital in West London. London is an ethnically diverse area and in one 12-month period, these palliative care services helped very sick patients to travel by air to Morocco, the Philippines, India, the USA and the Caribbean.

Travel arrangements for very sick patients can be complicated and sometimes need to be made at short notice. This can be very stressful for the patients and carers involved. Each case is unique as individuals' circumstances and local resources vary enormously. However, with careful planning, it is possible for many seriously ill patients to travel comfortably and safely.

'Flying Home' is not comprehensive, but is written in the hope that it will be a useful guide to make the planning of journeys abroad easier for everyone. Regulations and restrictions are subject to change, so check with airlines and relevant organisations for the latest updates.

2. Important first questions

There is little point in beginning to make detailed travel plans if the patient concerned is too unwell to travel by air or if the necessary funding cannot be found. The most important issues to address are:

- Is the patient able to travel safely on an aeroplane?
- What special arrangements need to be made for the flight and for medical care in the destination country?
- Are the necessary funds and resources available?

Is the patient able to travel safely?

Many airlines are extremely helpful in trying to meet the needs of sick or disabled passengers. However, they do have to bear in mind the health and safety of other passengers and their staff, and possible disruption to their commercial operation, when considering carriage of passengers with special needs.

It is essential to get medical clearance to travel from the airline well in advance of the planned departure date. Without it, airline staff can and do refuse to allow patients they consider too unwell to fly. Some larger airlines have an Airline Medical Officer (AMO) or a Passenger Medical Clearance Unit (PMCU) which is the final arbiter of the patient's fitness and of the adequacy of arrangements made for them. Patients are assessed individually.

The airline may advise the use of an air ambulance repatriation agency if the PMCU decides that the patient is too high risk for a normal flight, or if the patient needs to travel on a stretcher. Travel with a repatriation agency would need to be arranged and funded privately.

Does the patient have a medical condition that may be exacerbated by air travel?

Exposure to the reduced atmospheric pressure and oxygen concentration in the aircraft cabin causes air in body cavities to expand and may exacerbate certain medical conditions. Patients who can walk at a steady pace for 50 metres on the level without needing oxygen and without distress or needing to stop will probably cope with the reduced pressure in the aircraft¹ - but patients should still seek advice from a doctor before flying to determine whether additional oxygen might be required during the flight. (See page 7- oxygen supplies.) Patients with any of the following conditions need particularly careful assessment:

- Chest diseases with a history or likelihood of pneumothorax or large bullae, such as Pneumocystis carinii pneumonia or severe emphysema.²
- Oxygen dependence
- Diseases of the ear or sinuses
- Marked anaemia (haemoglobin less than 7.5g/dL)
- Ischaemic heart disease or cardiac failure
- Patients at risk of developing cerebral oedema, eg primary or secondary intracerebral tumour
- Confusion or psychosis
- Recent surgery – air travel is usually possible 10-14 days after general surgery, but other types of surgery may require patients to wait for some weeks or months before they can travel by air³.

The World Health Organization publication 'International travel and health' includes information on air travel and the impact of the cabin environment on a variety of medical conditions⁴.

Is there a risk of venous thromboembolic disease?

Restricted mobility in the confined airline cabin may predispose to deep vein thrombosis and pulmonary embolism. Patients at particular risk are those who:

- are over 40 years of age
- have a history or family history of thromboembolic disease
- have a history of cancer, or treatment for cancer, heart failure or circulatory problems
- have recently had surgery, especially on the hips or knees
- have an inherited clotting tendency
- are or have recently been pregnant
- are taking the contraceptive pill or hormone replacement therapy.

Patients in any of these categories should take medical advice before flying and should follow the general advice available via the NHS Choices website⁵ and consult their GP or hospital specialist to see if prophylaxis using graduated compression stockings and low molecular weight heparin is required.

Is the patient likely to suffer from complications which will necessitate diversion of the flight?

Diversion of a scheduled flight costs thousands of pounds and causes massive disruption to hundreds of passengers. Airlines are therefore extremely reluctant to carry patients who might suddenly become so unwell that the flight has to be diverted. They may take the risk if the patient and their carers agree in advance that any emergency will be handled without diversion. Contingency plans need to be made to cover any such possible event and patients at risk will need to travel with a suitably prepared escort (see notes on escorts in Section three).

Is there a risk that the patient will die in flight?

The death of a passenger while airborne is clearly not desirable and results in complex administrative problems, but a very short prognosis is not always a contraindication to travel. The AMO will require some estimate of prognosis and will assess each case individually. Procedures for deaths in flight exist and many airlines are prepared to take the risk if the patient and their carers are prepared to.

Can any special needs be met?

See Section three.

Does the patient have an infectious disease?

This is unusual but any potential risk must be discussed fully with the AMO. Airlines need to be sure that they are not exposing other passengers or staff to the risk of infection. A diagnosis of AIDS in the absence of any of the other risk factors listed above should not exclude travel on medical grounds, although certain countries may prevent entry.

Whenever fitness to fly is in doubt, or special services are required, the airline will require the patient and their attending doctor to complete a medical information sheet. This asks for details of the patient's medical condition, special needs, escorts, equipment that might be necessary

in flight and arrangements for transfer to and from the airport. On the basis of this information, the AMO will decide on the patient's fitness to travel and the need for any special arrangements.

Recommended actions

- Consider the issue of fitness to fly as early as possible in the planning process.
- Complete the airline's medical information sheet and return it to the medical desk as soon as possible.
- Establish whether flying with a commercial airline is possible, or whether a repatriation agency will be needed. Keep in contact with the medical desk by telephone, particularly if the patient's circumstances change.

3. Special arrangements for the flight itself

Contacting the airline and airport

This section includes discussion of equipment, medication and other supplies that may be required by the patient. It is advisable to contact the airline in advance to make sure they know that the patient will be carrying medical supplies and equipment and to check on any requirements that the airline may have. It is also advisable in advance to contact the airport that the patient is flying from to find out if they have any additional requirements. Similarly, check requirements from the airport that the patient is returning from.

Transport to and from the airport

Airlines will usually take responsibility for their passengers only when they are within the airport terminal. Beyond this passengers with special needs must make their own arrangements. It is particularly important to arrange transport from the destination airport well in advance. Patients too unwell or too restricted in mobility to travel by private car or cab may need to hire a private ambulance.

Once in the terminal, some airlines and airports provide wheelchairs. If assistance with getting onto the aeroplane is required the airline and airport authorities must be notified in advance (usually at the time of booking the air ticket). Airlines will not provide portage for luggage or special equipment, either within the airport or onto the aeroplane, so passengers must arrange this themselves.

Cabin accommodation

The AMO may specify the kind of cabin accommodation the patient must use to make sure that they travel safely and reasonably comfortably, with minimal risk and discomfort to other passengers. First class accommodation may be recommended if:

- the patient is very frail and needs to recline for long periods in order to be comfortable
- the flight is very long
- the patient needs extra space for any special equipment.

The patient will be responsible for paying for the accommodation recommended. A few airlines will take patients on stretchers, although the cost of this can be considerable – one stretcher

occupies nine economy class seats. Many airlines now recommend using a repatriation agency if a stretcher is needed.

Escorts

Airline cabin staff are trained in first aid but are not authorised to give assistance with personal care or medical treatment, or to operate specialist medical equipment. The AMO may insist that an escort accompany the patient if such assistance may be needed. If the patient requires help only with personal needs such as feeding, washing and using the toilet, or with administration of oral medication, a friend or relative may help. A trained medical or nursing escort will be required if the patient:

- is using specialist equipment such as a syringe driver or nebuliser
- has drains or tubes in situ
- might have acute episodes, such as fits, haemoptysis or haematemesis, which may require emergency treatment
- might need medication to be given by injection
- has a long journey, especially if transfers between airports or aircraft are involved.

Notes

- The escort must sit in the seat next to the patient.
- Escorts who are not nationals of the destination country may be required to obtain a visa if they intend to enter the country with the patient.
- Escorts intending to enter the destination country might need to take medical advice about vaccinations and anti-malarials, and arrange health insurance for themselves (see Section four).
- The cost of return travel and other expenses incurred by health professionals acting as escorts must usually be met by the patient.

Special equipment

Any special medical equipment required, eg syringe driver or nebuliser, must be provided by the patient and permission for its carriage and use authorised by the AMO. Equipment must be battery-operated, and it may not be possible to use it during take-off and landing. It must be supervised at all times by the patient's escort, as cabin staff are not authorised to assist in normal circumstances.

All necessary supplies such as syringes, needles, and spare parts, eg batteries, should be kept in hand luggage. A safe container should be carried for any used needles or dressings. In order to avoid difficulties with airline security measures during check-in, it is advisable to carry written authorisation from the AMO to cover equipment such as needles and syringes being carried in hand luggage.

Arrangements for returning borrowed equipment to the UK must be made and paid for by the patient.

Patients requiring special dressings or stoma bags should carry several days' supply in their hand luggage, in case their main luggage is lost or delayed. There are restrictions on the size

and type of scissors that may be carried in hand luggage, so dressings required for the flight need to be prepared in advance.

Medication

All medication should be:

- carried in the patient's hand luggage
- kept in its original packaging and clearly labelled with the name of the patient, and the name of the drug and its dose, form and strength
- packed in a sturdy shockproof box, eg a plastic food container. This applies particularly to glass vials. Aircraft do not have facilities to refrigerate medication that needs to be kept cool. It is important to check with a pharmacist in advance, use a cool bag if necessary and check that facilities for refrigeration will be available at the destination.

An accompanying letter from the prescribing doctor giving precise details of the medication and a contact number can also be useful, especially if controlled drugs are being carried. Please refer to Section five for special regulations that apply to controlled drugs. A doctor's letter will be required for liquid medicines exceeding 100ml taken into an aircraft cabin.⁶ Regulations may have changed since time of writing, so check for up to date restrictions.

If the patient is going to need fresh supplies of medication whilst abroad, check in advance with a pharmacist to find out whether these will be available. Brand names of drugs may differ in different countries and the pharmacist will be able to advise on whether there are likely to be significant differences in bioavailability.

Oxygen supplies

Patients need individual assessment and should ideally seek advice from a doctor in order to decide whether additional oxygen would be required during a flight. Doctors are advised to refer to the latest recommendations from the British Thoracic Society. Contact the airline in advance to find out about their policy for carrying and using oxygen on planes. Patients must not rely on being able to use the aircraft's emergency supply as this is strictly for emergencies. Oxygen is provided by airlines via portable cylinders which deliver a fixed flow rate of 2-4L/min (28%). It must be requested well in advance as some airlines limit oxygen use to one patient per flight. Most airlines will charge for this service. Airlines cannot usually provide oxygen supplies on the ground in the airport.

Special dietary requirements

The airline must be notified of any special dietary requirements at the time of booking the ticket.

4. Special arrangements for medical care abroad

Everyone travelling abroad, regardless of their state of health, should be aware of general measures to take to avoid common health problems. The NHS Choices website contains valuable advice on personal hygiene, food, sun protection, travel-related diarrhoea and other issues⁷. As well as a basic first aid kit, those travelling to destinations where cross-infection from needles and syringes is a possibility should consider taking an emergency medical travel kit. These can be purchased from high street pharmacies. They should be carried in hand luggage and kept sealed until required.

Vaccinations and anti-malarial prophylaxis

Some patients may require advice on vaccinations and anti-malarial prophylaxis, both in the form of medication and measures such as mosquito repellents and nets. Information about the vaccinations and anti-malarial drugs that are recommended for travel to particular countries is available from general practitioners, travel clinics, and some travel agents. Enquiries should be made well in advance of travel as some courses of vaccinations take two or three months to complete. The NHS funds some, but not all, vaccinations for the purpose of travel, so charges may be incurred.

Patients who are immunocompromised by their disease, or who have had chemotherapy, total body irradiation, a bone marrow transplant or a splenectomy, must seek specialist advice from their hospital doctors before having vaccinations. These patients may be unable to receive live vaccines and may not develop an adequate response to inactivated vaccines.

Specific health advice

Some patients may need advice on adapting the timing of their medication to fit in with new time zones. Diabetics taking insulin need specialist advice to avoid the risk of hypoglycaemia in flight.

Access to emergency healthcare

All travellers need to be aware of the provisions which exist for emergency medical treatment in the destination country and how to access them. Travellers within the EEA (European Economic Area) may benefit from reciprocal agreements for the provision of emergency medical care. A European Health Insurance Card (EHIC) is needed to access care at reduced or no cost within the EEA or Switzerland. The EHIC does not cover all costs in all EEA countries, and it does not cover ambulance or repatriation costs. It is recommended that travellers have both an EHIC and valid private travel insurance.⁸

There are few reciprocal health agreements between countries outside the EEA. Details of the emergency healthcare services that are available in various countries, and at what cost, along with the documentation required to access them is available on the NHS Choices website⁹.

Insurance

As the cost of emergency medical care can be enormous, all travellers are advised to make sure that they have adequate travel insurance cover. However, those travelling at short notice are unlikely to have sufficient time to arrange it, and those who do not intend to be repatriated, whatever their circumstances, may decide that it is unnecessary.

Patients travelling with specialist equipment need to consider insuring it against loss or damage.

Liaising with medical services in the destination country

Patients staying for any period of time in another country may need to arrange the following:

- medication for the duration of the stay – this may all need to be prescribed in the UK, as not all drugs are available in all countries
- supply of special equipment so that any equipment borrowed from the UK can be returned
- referral to an appropriate hospital or doctor.

If medical care is likely to be needed in the destination country it is advisable to make arrangements well in advance of travel. The country's High Commission, Consulate or Embassy may have information about the availability of specialist services. Try ehospice for details of hospice care services around the world (see Section 10 for information about ehospice and other information sources).

It is helpful to liaise with a named doctor or nurse whenever possible, and to make the initial contact by telephone. It is essential to provide a full up-to-date medical summary and list of medication, translated into the appropriate language if possible, with the names and contact numbers of relevant health professionals in both countries. This can usually be sent on ahead and a copy carried with the patient on their journey.

5. Travelling with controlled drugs

Patients need to follow the regulations about controlled drugs both when exporting them from the UK and when importing them into their destination country. Planning as far in advance as possible is recommended.

Exporting controlled drugs from the UK

The regulations concerning the amounts of controlled drugs that can be exported from the UK change frequently. The most up-to-date information can be obtained from the Home Office Drugs Licensing and Compliance Unit (see Section 10) and the Home Office website¹⁰.

At the time of writing, patients do not need a licence if they are carrying personal supplies of controlled drugs of less than three months. They do, however, need a letter from a doctor as outlined in the procedure below. Patients needing more than three months' supply may require an export licence. If there is any doubt about whether a licence is required, contact the Home Office Drugs Licensing and Compliance Unit well in advance of travel. Licence applications should be made at least 10 working days before a patient is due to travel.

If a licence is needed at shorter notice, telephoning the Home Office Drugs Licensing and Compliance Unit and the use of motorbike couriers is often very effective. The Home Office Drugs Licensing and Compliance Unit should be notified of any last minute changes to the amount or type of drug being carried so that the licence can be changed accordingly.

Procedure

1. Contact the Home Office Drugs Licensing and Compliance Unit or look at the website as far in advance as possible to check on the latest regulations and to obtain an application form for a licence.
2. Obtain the required letter from the prescribing doctor, which must include:
 - name and address of the patient in the UK
 - dates of travel to and from the UK
 - country of destination
 - name and total quantity of each controlled drug (written in words and figures) and their strength and form.
3. Submit or courier the letter and application form, depending on the time available.
4. Check that they have been received and contain all the relevant information.
5. Arrange collection of the licence in person or by courier if time is short.

Notes

Controlled drugs are not always readily available in other countries. The patient may therefore require several weeks' supply, or conversion to more readily available drugs or preparations well in advance of departure. The hospital or community pharmacy will be able to advise on the maximum quantities of drugs that they can dispense on the NHS. Hospice services in the country of destination should be able to advise on local drug availability.

Some general practitioners maybe unfamiliar with the above procedure and may prefer the patient's hospital or palliative care doctor to make the application to avoid errors and delays.

If in any doubt about whether a drug is classified as controlled or not, or about the quantity that can be carried without an export licence, check in good time. This information is available from the Home Office website.

When travelling, the export licence should be carried in the patient's hand luggage with the controlled drugs.

Importing controlled drugs into the destination country

Licences issued by the UK Home Office have no legal status outside the UK. Different countries have different regulations about importing controlled drugs, and patients must check with the destination country about the rules they will be expected to follow and the particular drugs they can import. The High Commission, Consulate or Embassy of the country concerned should be contacted to find out if restrictions apply (contact details can be found on the Foreign and Commonwealth Office website: www.fco.gov.uk). To be on the safe side, the patient should try to obtain a letter from the High Commission, Consulate or Embassy stating that the drugs are for personal use only, to show to the local customs. Failing this, a letter from the prescribing doctor on official notepaper with details of the prescription and a contact address and telephone number, or a duplicate copy of the prescription stamped by the issuing pharmacy, may suffice.

6. Sources of funding

Travelling abroad when seriously ill can be very expensive. Some patients and families may need help to understand all the costs they are likely to incur. Unfortunately there are few sources of funding available if the patient and their family do not have the private means to pay. Here are a few possibilities:

- The patient's own High Commission, Consulate or Embassy – if the patient is not a British citizen.
- Benevolent funds related to the patient's previous employment (see Section 10).
- Local charities and grant giving bodies. The local social services department may provide useful information about these.
- National charities.

Few charities make regular sizeable donations to individuals for purposes of repatriation but they may be worth approaching if all else fails.

Details of a wide range of charities, including occupational charities, which may be prepared to make grants to individuals can be found in resources such as 'A guide to grants for individuals in need'¹¹ and the website, Turn2us (see Section 10).

Children and Families Across Borders (CFAB) - formerly known as International Social Service (ISS) UK - is a UK-based charity which deals with child protection cases which involve the UK and one or more countries. While the Travel Assistance scheme that it administered on behalf of the Home Office has been discontinued, CFAB may be able to offer other forms of assistance in cases where children or family welfare are involved.

Receiving benefits while abroad

Some people remain eligible to receive some benefits while they are abroad. The GOV.UK website has information on claiming benefits for people who live, move or travel abroad¹². Applications should be made well in advance of travel.

7. Repatriation of bodies

When a relative or friend dies abroad

Occasionally a patient or their family may seek help and advice about how to proceed when a relative or friend dies abroad, in particular how to repatriate their body. The Foreign and Commonwealth Office (FCO) has produced guidance about the procedure to follow when someone dies abroad¹³. A good first step is to contact the British Embassy, High Commission or Consulate in the country where the death occurred to seek their advice and support.

The FCO cannot arrange or fund repatriation. This can be very expensive and the cost usually has to be met by the patient's family or by an insurance policy. The International Organisation for Migration (see Section 10) has funded the repatriation of the bodies of refugees in the past but does so only in exceptional circumstances.

Bringing a relative or friend's body back to the UK

Deaths that occur abroad should be registered according to the local regulations of that country and at least two copies of the death certificate should be obtained. If the death is registered with the British Consul a record will be kept. The Consulate will be able to provide a list of local funeral directors if a local funeral is required, or details of repatriation agencies that will be able to assist with repatriation of the body to the UK.

Once back in the UK, an authenticated translation of the foreign death certificate will be required in order to arrange a funeral. For cremations, a cremation order from the local coroner (England and Wales) or Scottish Government Health Directorate (Scotland) is required^{14 15}. A certificate for cremation will be required in Northern Ireland¹⁶.

Moving a body out of the UK

There are special regulations relating to moving a body between the different countries in the UK and abroad. Only the coroner can give permission for a body to be moved out of England or Wales. Permission must be obtained at least four days before the body is to be moved^{17 18}. Different processes apply in Scotland and Northern Ireland¹⁹. Various documents will be required including:

- Two copies of the death certificate - obtained when a death is registered
- Details of the consignee (the funeral director or person responsible for the collection at the destination airport)
- The deceased person's passport and/or identity card
- Details of the intended place of rest.

A funeral director or repatriation company is usually the best ways to ensure that all of the correct procedures are followed. They can help in obtaining necessary permissions and required repatriation documentation. Full payment is usually required prior to the repatriation.

8. Final checklist

1. Is the patient able to travel safely?

- Contact the airline medical desk to obtain medical clearance and discuss special requirements
- Complete paperwork / forms required by the airline
- Book tickets for the patient (and escort if necessary) and notify special requirements.

2. Special arrangements for the flight

Transport to and from the airport

- Arrange transport to the airport
- Arrange transport and portorage within the airport

Cabin accommodation

- Book ticket(s) for appropriate type of cabin accommodation.

Escort

- Arrange passport, visa, insurance, accommodation and return transport, vaccinations and insurance
- Make contingency plans for in-flight emergencies.

Special equipment

- Check clearance with the airline medical desk and obtain written authorisation
- Arrange the supply of equipment, spare parts and disposal facilities
- Arrange the return of borrowed equipment to the UK.

Medication

- Arrange a supply of medication and pack appropriately in hand luggage with the export licence (if needed). Use a cool bag or arrange refrigeration if necessary.

Oxygen

- Arrange supplies for the airport and the aeroplane if necessary.

Dietary requirements

- Notify the airline.

3. Special arrangements for medical care

Medical advice

- Read www.nhs.uk travel health website²⁰
- Arrange vaccinations and anti-malarials
- Obtain a European Health Insurance Card and an S2 if appropriate
- Carry any other documents needed to access healthcare, eg proof of UK residence, with passport
- Carry vaccination certificates with your passport.

Insurance

- Arrange insurance for passenger, luggage and equipment and any health needs not covered by EHIC.

Liaising with medical services in the destination country

- Contact your Embassy and/or the hospice palliative care information resources listed in Section 10 for details of local services
- Contact a named doctor/institution
- Medical summary (translated) to be sent ahead, and a copy to travel with the patient
- Arrange a supply of medication and equipment
- Arrange transport from the destination airport.

4. Export/import of controlled drugs

- Check the latest regulations with the Home Office
- Arrange an export licence with the Home Office if required
- Check import regulations with the Embassy of the destination country
- Obtain a covering letter from the prescribing doctor, or a copy of the prescription stamped by the issuing pharmacy, and carry with the drugs in the hand luggage.

9. Summary of possible costs

There are many costs associated with travel, most of which patients will have to meet themselves. Here we summarise the potential costs for patients and their escorts.

1. Patient

- Transport to the airport
- Transport from the airport at the destination
- Air ticket in suitable class of cabin accommodation
- Airport taxes
- Visa for the country of destination
- Vaccinations and anti-malarial prophylaxis
- Hire/purchase of medical supplies and equipment
- Insurance of medical equipment
- Return costs of equipment to the UK
- Medication in the UK
- Oxygen supplies for the airport and the flight
- Insurance for baggage, medical equipment and emergency medical treatment abroad, including possible repatriation costs
- Medical care and medication in the country of destination.

2. Escort

- Transport to the airport
- Transport from the airport at the destination
- Accommodation at the destination
- Air ticket in suitable class of cabin accommodation for outward and return journeys
- Airport taxes
- Visa for the country of destination
- Vaccinations and anti-malarial prophylaxis
- Insurance.

10. Useful contacts and resources

Children and Families Across Borders

Website: www.cfab.org.uk

Home Office

Drugs Licensing and Compliance Unit,

Tel: 020 7035 4848

Website: <https://www.gov.uk/controlled-drugs-licences-fees-and-returns>

International Organization for Migration (IOM)

IOM UK has assisted thousands of people to return voluntarily to their home country. This has been done through two programmes: one for anyone who has ever claimed asylum and one for irregular migrants. Everyone's circumstances are different but IOM UK has assisted a number of people with serious medical conditions to return home and has provided qualified medical escorts to accompany returnees.

Tel: 020 7811 6060

Website: www.iomuk.org

Finding out about international hospice and palliative care services

ehospice

ehospice is a globally run news and information resource bringing the latest news, commentary and analysis from the world of hospice, palliative and end of life care. It includes an international directory of hospice service providers.

Website: <http://www.ehospice.com/en-gb/home.aspx>

International Association for Hospice and Palliative Care (IAHPC)

The IAHPC supports the promotion and development of palliative care throughout the world. Resources include a global directory of service providers and organisations.

Website: <http://hospicecare.com/home/>

Travel health

World Health Organization: International travel and health programme

The World Health Organization publishes 'International travel and health' which offers guidance on the health risks likely to be encountered at specific destinations and associated with different types of travel.

Website: www.who.int

MASTA (Medical Advisory Service for Travellers Abroad)

Email: enquiries@masta.org

Website: <http://www.masta-travel-health.com/>

Other health organisations / charities

British Thoracic Society

The British Thoracic Society has produced recommendations for managing passengers with stable respiratory disease planning air travel. Website: <https://www.brit-thoracic.org.uk/guidelines-and-quality-standards/air-travel-recommendations/>

Macmillan Cancer Support

Macmillan Cancer Support's website contains information on travel for people with cancer, including details of insurance companies which may insure cancer patients.

Website: www.macmillan.org.uk

Terrence Higgins Trust

This is a charity which provides information and advice on a range of topics that affect people living with HIV.

Tel: 0808 802 1221

Email: info@tht.org.uk

Website: www.tht.org.uk

Information about grants and funding

The Association of Charitable Organisations (ACO)

The ACO is an umbrella body for Trusts and Foundations that give grants and welfare support to individuals in need.

Tel: 020 7255 4480

Email: info@aco.uk.net

Website: www.aco.uk.net

Turn 2us

Turn2us is a charity that helps people in financial need to access welfare benefits, charitable grants and other financial help.

Website: www.turn2us.org.uk

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