

Flying home

Helping patients to arrange
international travel

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About Hospice UK

Hospice UK is the national charity for hospice care. We believe that everyone, no matter who they are, where they are or why they are ill, should receive the best possible care at the end of their life.

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Introduction

With the advent of more global movement of people, there are more patients with advanced illness who want to make significant journeys. Palliative care services are being increasingly asked by patients and families about travelling abroad or flying home for the final time to a special place or country of their birth. Travel arrangements for very sick patients are complicated and often need to be made at short notice. This can be very stressful for the patients, carers and healthcare professionals 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 and achieve special goals.

This publication was originally written to help with arrangements for 'final journeys'. However, much of the information also applies to those who would like to take a holiday when seriously ill. We are braver in supporting patients to identify their goals when time is short and foreign travel often appears in 'bucket lists'.

'Flying home' is written in the hope that it will make the planning of journeys abroad easier for everyone. The practical anxieties of health professionals can act as barriers to people flying at the end of life, which can cause significant delays. Travelling is exhausting, even for those who are fit and well, and it can be stressful emotionally and physically for those in the advanced stages of illness. This guide aims to allay many of those anxieties and ensure that stresses are minimised. It cannot cover all illnesses, complications, airlines and countries but the combination of general guidance, specific resources and checklists should answer most questions. Regulations are subject to change, so always check with airlines and relevant organisations for the latest updates. The key audience for this publication is health professionals but patients and the public may also find it useful.

Key questions

Precious time and resources can be saved by addressing the key questions first. These are:

- Is the patient fit to travel safely on a commercial airline or will a repatriation service be required?
- What special arrangements need to be made for the flight?
- Are the necessary funds, equipment and support available?

A story about Ivana

The repatriation was a success because it was so well prepared by the hospital staff. All relevant issues were dealt with properly prior to travelling. I took Ivana back to Romania and the family and Ivana were very grateful they had the option to go home. Ivana repeatedly said she would prefer to die whilst looking at the mountains surrounding her home. She said she liked London but this was her "second home" and she preferred going back to her "real home". Remarkably, when we touched down in Bucharest, Ivana said that a heavy weight just came off her shoulders. She felt better "instantly".

Unfortunately, she died a few weeks later, but despite mourning her loss her family were grateful for what had been done for them. I believe that her return home made it easier for them to cope with the mourning process. They felt that Ivana's wish to go to Romania and enjoy her own home with a view of the mountains made her feel very happy for her last weeks.

Section 1. Medical issues

1. Fitness to fly

The airline medical advisor makes the final decision about whether someone is fit to fly and whether adequate plans for their care have been put in place. It is therefore advisable to get medical clearance to travel from the airline well in advance (although this can usually be done quickly if time is very short.) Without medical clearance, airline staff can and do refuse to allow patients they consider too unwell to fly.

Whenever fitness to fly is an issue, or special services are required, the airline will require the completion of a medical information form (MEDIF). Each airline has its own customised form¹.

The information required usually includes:

- details of the patient's medical condition
- equipment and special needs that might be necessary in flight
- escorts – family or nursing/medical
- arrangements for transfer to and from the airport.

On the basis of this information, the airline medical advisor will decide on the patient's fitness to travel and the need for any special arrangements. These may include stipulation of the type of cabin accommodation required (see page 8).

For a normal commercial airline, the person needs to be able to transfer with help to an airline seat, and to tolerate the seat being in the upright position for short periods (take-off and landing). Very few airlines now allow stretchers on board.

An airline has the right to refuse to allow a patient to board if their condition has deteriorated since they completed the MEDIF, so it is important to keep the airline updated. If the airline decides that the patient is too high risk for a normal commercial flight, they may advise the use of an air ambulance or repatriation agency. Travel with a repatriation agency needs to be arranged and funded privately. It is very expensive as it involves the use of a private jet with medical support. Some insurance policies may cover the cost.

2. Does the patient have a medical condition that may be worsened by air travel?

Some medical conditions may be worsened by air travel because of the reduced atmospheric pressure in the aircraft cabin. This leads to a fall in oxygen saturation in the blood to around 90 per cent in healthy travellers, which they can tolerate easily. However, passengers with illnesses that cause a lower oxygen saturation to begin with may require additional support. Those at risk include people with:

- oxygen dependence and breathlessness of any cause
- chest diseases with likelihood of pneumothorax such as severe emphysema
- marked anaemia (haemoglobin less than 80 g/L)
- ischaemic heart disease or cardiac failure
- frail elderly, septic and volume depleted patients
- cerebral oedema, eg intracerebral tumour.

There are several guidelines which cover specific conditions in more detail. These include the 2011 British Thoracic Society guidelines², the Civil Aviation Authority's website³ and the 'Fitness to fly' travel guidelines produced by the airline Qantas⁴.

Brief advice on specific conditions

a) Cardiac conditions⁵

On board oxygen is potentially needed for most of the following conditions.

- uncomplicated myocardial infarction within seven days
- complicated myocardial infarction within four to six weeks
- coronary artery bypass graft (CABG) within 10 days
- unstable angina
- decompensated congestive heart failure
- uncontrolled hypertension
- uncontrolled cardiac arrhythmia
- severe symptomatic valvular heart disease.

b) Respiratory conditions

Fitness to fly in those with respiratory disease depends primarily on:

- the type, reversibility and functional severity of the disease
- an assessment of the likely tolerance of reduced atmospheric pressure in the aircraft cabin.

The single most practical test that has stood the test of time is to assess whether the patient can walk 50 metres at a normal pace or climb one flight of stairs without severe dyspnoea. If they can do this, it is likely they will cope with the reduced pressure in the aircraft. However, patients will still need to seek advice from a doctor to determine whether additional oxygen might be required during the flight.

Patients requiring any kind of artificial ventilation such as NIPPV are not excluded from flying but will need to travel by air ambulance.

c) Pneumothorax

The presence of a pneumothorax is a contraindication to air travel as trapped air may expand and result in a tension pneumothorax. It should be safe to travel approximately two weeks after successful drainage of a pneumothorax with full expansion of the lung.

d) Stroke

Following a cerebrovascular accident (CVA), patients are advised to wait 10 days although if stable may travel within three days of the event. For those with cerebral arterial insufficiency, supplementary oxygen may be advisable to prevent hypoxia.

e) Anaemia

Patients with a haemoglobin of greater than 80 g/l may travel without problems assuming there is no coexisting condition such as cardiovascular or respiratory disease. Patients with sickle cell anaemia should travel with extra oxygen and should defer travel for approximately 10 days following a sickling crisis.

f) Abdominal surgery

The reduced atmospheric pressure in the aircraft cabin causes any gas in the body to increase in volume by approximately 30 per cent. Expansion of intestinal gas puts surgical patients at risk of tearing suture lines, bleeding or perforation. Travel should be avoided for 10 days following abdominal surgery. Following other procedures, such as colonoscopy or laparoscopy, it is advisable to avoid air travel for 24 hours.

g) Orthopaedics

Following the application of a plaster cast, most airlines restrict flying for 24 hours on flights of less than two hours or 48 hours for longer flights. This is due to the risk of circulatory impairment as a result of tissue swelling.

h) Raised intracranial pressure and seizures

Reduced atmospheric pressure may increase the likelihood of seizures. Intracranial pressure might also rise, leading to vomiting and headache. Patients taking steroids and anti-convulsant medication may benefit from an increased dose, initiated before travel.

i) Confusion and agitation

Air travel is contra-indicated for people whose behaviour may become unpredictable, aggressive or disruptive unless appropriate safe sedative medication can be used on the flight. An escort will be needed.

3. Is there a risk of venous thromboembolic disease?

The risk of thrombosis is increased by air travel of greater than four hours and the key determinant for deep venous thrombosis is immobilisation⁶. Patients at particular risk are those who:

- have a history of cancer, or treatment for cancer, heart failure or circulatory problems
- have recently had surgery – abdominal, pelvic, hips or knees
- are or have recently been pregnant
- are taking the contraceptive pill or hormone replacement therapy
- are over 40 years of age
- have a history or family history of DVT, or a high platelet count.

Patients in any of these categories should take medical advice before flying and should follow the general advice available via the NHS Choices website⁷.

Patients should exercise during the flight if possible and keep well hydrated. If they are at elevated risk they should consult their GP or hospital specialist to see if prophylaxis using graduated compression stockings and anti-coagulation is required.

4. Does the patient have an infectious disease?

Any potential risk of infection must be discussed fully with the airline, which needs to be sure that other passengers or staff are not exposed to the risk of infection. A diagnosis of HIV in the absence of any of the other risk factors will not exclude travel on medical grounds, although certain countries may prevent entry. This needs checking prior to travel.

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

Most 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 operations; the diversion of a scheduled flight costs thousands of pounds. 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 for deterioration and possible death need to be made to cover any such possible event and patients at risk will need to travel with a suitably prepared escort.

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

The death of a passenger while airborne results in complex administrative problems, but can be managed. If the patient is in the terminal phase of an illness, the airline medical advisor will require some estimate of prognosis and will assess each case individually. Airlines have protocols for deaths in flight and most airlines are prepared to take the risk if the patient and their carers are prepared to agree to these plans.

7. Do not attempt cardiopulmonary resuscitation (DNACPR)

Airlines will respect a correctly completed DNACPR form that accompanies the patient. If there is a higher than usual risk of cardiac arrest, it is advisable to notify the airline in advance.

Recommended actions

- Consider the issue of Fitness to Fly at the beginning of the planning process.
- Complete the airline's Medical Information Form (MEDIF) and return it to the medical team 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.
- Write a letter to accompany the patient with full details of their illness and where applicable: DNACPR status (including the correctly completed form); medication; equipment; appliances; contact details of medical teams in home and destination country; confirmation that the flight shall not to be diverted in case of emergency or death.

Section 2. The flight

1. Contact the airline and airport

As well as completing the Medical Information Form (MEDIF), it is essential to contact the airline in advance to ensure that they are aware of any medical supplies and equipment that the patient may need to carry, to order a supply of oxygen if required (see page 9) and to check on any additional requirements that the airline may have.

It is essential to contact the airports at either end of the journey, to discuss transport arrangements within the terminals (see below) and to find out if they have any additional requirements. Ideally, a direct flight should be booked to minimise transfers, travel time and administration.

2. Transport to and from the airport

Detailed plans need to be thought through 'door to door' to ensure safety and continuity for the patient. This is likely to fall to the general practitioner (GP) and community specialist nurse if the patient is at home, or to the discharge coordination team if the patient is in hospital. Palliative care teams are often called on to assist their colleagues in ensuring a successful outcome. Good communication between all parties is essential.

Travelling from home to the airport

If the patient is too unwell to travel by private car or cab, there may be a need to hire a private ambulance. Consideration needs to be given to transport within the airport, and transfer onto the plane, if the patient cannot manage steps.

Travelling from hospital to the airport

Occasionally a patient needs to travel directly from hospital to the aircraft (referred to as airside) by ambulance. The patient will often have to fund this, though it is worth checking whether special services are in place. (For example, at the time of writing London Heathrow Airport has a private ambulance service that will be funded by the hospital or CCG in some cases if there is a contract in place⁸).

Travelling within the airport

Airlines will only take responsibility for their passengers when they are within the airport terminal. 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 flight.

Most airports will provide wheelchairs, which can be taken up onto the plane. Wheelchairs are no longer allowed on flights, although smaller mobility appliances eg rollators are permitted. The passenger must be able to transfer from the wheelchair into the aircraft seat, whether by themselves or with the help of an escort. Early boarding is recommended.

Airlines will not usually provide portage for luggage or special equipment, either within the airport or onto the aeroplane, so passengers must arrange this themselves.

Travel from the airport on arrival

It is important not to forget to arrange transport within and from the destination airport in advance.

3. Suitable cabin accommodation

The airline medical team may specify the kind of cabin accommodation the patient must use to make sure that they travel safely and comfortably, with minimal risk and discomfort to other passengers. The patient will be responsible for paying for the accommodation recommended.

First class or business 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.

Consider booking an aisle seat, near to a toilet, if there are bowel or bladder problems.

Very few commercial airlines will take patients on stretchers. The cost is usually prohibitive (one stretcher may occupy up to nine economy class seats) and an escort is invariably required. Most airlines now recommend that patients on stretchers travel using a repatriation agency.

4. 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 medical equipment. The airline may insist that an escort accompanies the patient if such assistance may be needed. A friend or relative may be able to act as an escort if the patient only requires help with personal needs such as feeding, washing and using the toilet, or with administration of oral medication.

A trained medical or nursing escort will be required if the patient:

- is using specialist equipment such as a syringe pump, nebuliser or permanent ventilation
- 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.
- is confused or restless.

Note that:

- 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 vi-sa if they intend to enter the country with the patient.
- Escorts intending to enter the destination country might need medical advice about vaccinations and anti-malarials, and arrange health insurance for themselves.
- Patients will usually have to cover the cost of return travel and other expenses incurred by health professionals acting as escorts.
- Various repatriation agencies, medical assistance organisations and air ambulance companies can supply medical and nursing escorts at short notice.

5. Travelling with 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 shock-proof 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.).

Liquid medications in quantities greater than 100ml may be carried in hand luggage, with an accompanying letter, though decanting into small 100ml bottles may avoid delay. A 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 page 11 for special regulations that apply to controlled drugs.

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 differ in other countries and the pharmacist will be able to advise on whether there are likely to be significant differences in bioavailability.

Note: Circadian rhythm and effect on medication

- 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.
- Time zones may also affect timing of drugs such as anti-retroviral therapy (ART) for HIV treatment.
- Melatonin tablets if available may help adjustment of sleep patterns⁹.

6. Oxygen supplies on board

A patient is likely to require oxygen during a flight if their oxygen saturation falls below 85 per cent with the reduced pressure of the aircraft cabin. Patients need individual assessment and should seek advice from a doctor to decide if additional oxygen would be required during a flight. Doctors are advised to refer to the latest recommendations from the British Thoracic Society¹⁰.

Patients cannot take their own oxygen cylinders on board so they must order a supply from the airline in advance which has a flow rate of 2-4 litres per minute. Most airlines will charge for this service and supplies are usually limited to one patient per flight. Patients must not rely on being able to use the aircraft's emergency supply as this is strictly for emergencies. The European Lung Foundation has an excellent database of the oxygen regulations of airlines¹¹.

A portable oxygen concentrator (POC) may be used, though only specific models of concentrators are authorised¹². These devices can provide 1-5 litres of 90 per cent oxygen per minute and need an external power supply for long haul flights. It is essential to obtain authorisation from the airline in advance, which usually involves completing a form.

Spare batteries, international plug adaptors and helpline numbers for concentrators should be carried with the patient in the aircraft cabin. Patients should check compliance with requirements in terms of battery type (lithium restrictions) and duration (needs to cover 150 per cent of the flight time).

Airlines cannot usually provide oxygen supplies on the ground in the airport. If a patient needs oxygen at ground level, or while waiting for connecting flights, then portable cylinders or oxygen concentrators will need to be transported with authorisation.

7. Equipment and supplies

Any special medical equipment required, eg syringe pump, suction machine, nebuliser must be provided by the patient. Permission for its carriage and use must be obtained from the airline prior to travelling. Equipment must be battery-operated, and it may not be possible to use it during take-off and landing. An adequate battery supply is important, as it is not usually possible to charge equipment on the plane. Equipment must be supervised at all times by the patient's escort, as cabin staff are not authorised to assist.

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 airport security measures during check-in, it is advisable to carry written authorisation from the airline to cover equipment such as needles and syringes being carried in hand luggage. Syringe pump cases should be left unlocked.

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. It may be advisable for some patients to carry supplies such as wet wipes, pads, disposal bags and spare clothes.

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

8. Special dietary requirements

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

Section 3. Travelling with controlled drugs

Patients need to follow the regulations about controlled drugs both when travelling with them out of the UK and when taking them into their destination country. Planning in advance is essential.

1. Travelling out of the UK with controlled drugs

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 and Firearms Licensing Unit¹³ and from the Home Office¹⁴. At present, patients do not need a license if they are carrying personal supplies of controlled drugs to last less than three months, but they do need a letter stating:

- patient's name
- destination country and dates
- list of medicines, including dose, form and total quantity of tablets. liquid or ampoules
- name, signature and contact details of the prescriber.

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. Hospice and palliative care services in the country of destination should be able to advise on local drug availability.

Patients needing more than three months' supply will need an export license. If there is any doubt about whether a license is required, contact the Home Office Drugs and Firearms Licensing Unit well in advance of travel. License applications should be made at least 10 working days before a patient is due to travel.

If a license is needed at shorter notice, telephoning the Home Office Drugs and Firearms Licensing Unit should be effective. The Unit should also be notified of any last minute changes to the amount or type of drug being carried so that the license can be adjusted accordingly.

Procedure

1. Contact the Home Office Drugs and Firearms Licensing Unit or look at the website to check on the latest regulations and to obtain an application form for a license.
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 license in person or by courier if time is short.
6. When travelling, the export license should be carried in the patient's hand luggage with the controlled drugs.

Some GPs may be 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 license, check in good time with the Home Office website.

For details of whether a drug is included within Schedules 1-5 of Misuse of Drugs Regulations 2001, please check the Home Office List¹⁵.

2. Bringing controlled drugs into the destination country

Licenses 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. For instance, controlled drugs cannot be brought into Italy or the Netherlands without authorisation. The High Commission, Consulate or Embassy of the country concerned should be contacted to find out if restrictions apply¹⁶.

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 on entry to the country. 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.

Section 4. Arrangements for medical care abroad

Everyone travelling abroad, regardless of their state of health, should be aware of general measures to avoid common health problems. The NHS Choices website¹⁷ contains valuable advice on personal hygiene, food, sun protection, travel-related diarrhoea and other issues.

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.

1. Liaising with medical services in the destination country

If the journey is a planned repatriation for terminal care, then contact should be made with a destination hospital, hospice or community service, to ensure support on arrival. Contact should also be made by phone or email with the relevant doctor or medical team. It is essential to provide an up-to-date medical summary and list of medication, translated into the appropriate language if possible, with names and contact numbers of relevant health professionals in both countries. This can be sent on ahead and a copy carried with the patient.

If the journey is not for terminal care, but a deterioration is a possibility and medical care may be needed in the destination country, it is advisable to make arrangements in advance of travel. The country's High Commission, Consulate or Embassy will have information about the availability of specialist services.

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.

The resources section on page 25 lists sources of information about hospice and palliative care services around the world.

2. Access to emergency healthcare

Patients need to be aware of the provisions which exist for emergency medical treatment in the destination country. A European Health Insurance Card (EHIC) is needed to access care at reduced or no cost within the European Economic Area (EEA) or Switzerland. The EHIC does not cover all costs, and it does not cover ambulance or repatriation costs. It is recommended that travellers have both an EHIC and valid private travel insurance. For more information about access to healthcare in other countries, visit the NHS Choices website¹⁸.

There are very 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 website¹⁹.

3. Insurance

Those travelling at short notice are unlikely to have sufficient time to arrange travel insurance, and those who are being repatriated for terminal care, may decide that it is unnecessary to be insured, as the cost can be enormous. An escort however will need insurance.

If the trip however is a holiday, rather than for terminal care, many patients with cancer and other life-limiting conditions find it difficult to obtain travel insurance. Macmillan Cancer Support's website has information on getting travel insurance for those affected by cancer²⁰.

Insurance companies will require a medical report, the completion of a questionnaire or an independent medical examination, which may take time to organise. It is essential that all medical conditions are disclosed, as failure to do so may invalidate the policy if a claim is made. Patients travelling with specialist equipment need to consider insuring it against loss or damage.

Patients going on holiday need to ensure that their insurance policy covers the cost of returning home by air ambulance if they become too unwell to use a commercial flight. It is essential to keep all receipts for any payments made for treatment or drugs while abroad in order to claim a refund from a health insurance policy.

4. Vaccinations and anti-malarial prophylaxis

Patients and those travelling with them may require advice on vaccinations and anti-malarial prophylaxis, in the form of medication, mosquito repellents and nets. Information can be found on the MASTA website (Medical Advisory Service for Travellers Abroad)²¹. Enquiries should be made well in advance of travel as some courses of vaccinations take several weeks to complete. Most vaccinations for travel will have to be funded privately.

Patients who have reduced immunity caused 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.

Section 5. 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. See 'Summary of possible costs' on page 22.

There are few sources of funding available if the patient and their family do not have the private means to pay. A few possibilities are listed below:

Potential sources of funding

- 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 – occupational charities, which may be prepared to make grants to individuals – these can be found in resources such as 'The guide to grants for individuals in need'²².
- Local charities and grant giving bodies. The local social services department may provide useful information about these.
- National charities - though few charities make sizeable donations to individuals for purposes of repatriation but they may be worth approaching if all else fails.

For information about charities and trusts which may be prepared to make grants to individuals, see the resources section on page 25.

Receiving benefits while abroad

Some people remain eligible to receive some UK benefits while they are abroad. The GOV. UK website has information on claiming benefits for people who live, move or travel abroad²³. Applications should be made well in advance of travel.

Section 6. Repatriation of bodies and ashes

1. Moving a body from the UK to patient's country of origin

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 moved²⁴. Different processes apply in Scotland and Northern Ireland.

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 specialist funeral director or repatriation company is usually the best way to ensure that all the correct procedures are followed. They will help to obtain the necessary permissions and repatriation documentation and will arrange all the transport required, from collecting a body from the place of death to making flight arrangements.

Repatriation may need to be organised very quickly for certain faiths such as Islam or Judaism, where burial is required to take place as soon as possible after death. Arrangements need to be researched in advance if a death is anticipated, in order to be prepared for what needs to happen, for example how to get a death certificate out of hours in the community or in hospital.

Full payment is usually required prior to the repatriation. Check travel insurance policies for any coverage of repatriation costs.

2. Travelling with ashes

When travelling with ashes, the following will be needed:

1. a certified copy of the death certificate and cremation certificate
2. a certificate from the crematorium stating what the urn contains
3. to carry the ashes in a non-metallic urn (eg wood or plastic) to allow screening

The airline needs to be contacted in advance as they all have differing regulations. Ashes are usually taken on board as hand luggage, but can be checked in on some airlines. It is also best to notify the customs of the destination country – their embassy in the UK will be able to help. In many countries ashes are treated in the same way as a body – and regulations need to be understood before travel.

3. When a relative or friend dies abroad

Occasionally a family may seek help 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 abroad²⁵. A 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. 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 UK²⁶.

Once back in the UK, an authenticated translation of the foreign death certificate will be required in order to arrange a funeral. For cremations, authorisation from the local coroner (England and Wales) or Death Certification Review Service (run by Healthcare Improvement Scotland) is required²⁷.

nidirect – the government information and services website for people living in Northern Ireland – has advice on arranging a cremation or burial in Northern Ireland for individuals who have died abroad²⁸.

Section 7. Final checklist

1. Is the patient fit to fly on a commercial flight?

- Contact the airline medical team to obtain medical clearance and discuss special requirements – can they transfer and sit or will they need a stretcher?
- Complete and return medical Information forms (MEDIF) required by the airline.
- Book tickets for the patient, family and escort and notify special requirements.
- Contact a repatriation service if an air ambulance is needed.

2. Special arrangements for the flight

Contact all the airports and airlines involved

Transport to and from the airport

- Arrange transport to the airport from home or hospital – by car or ambulance.
- Is the patient fit to check-in or do they need to go directly airside to the plane?
- Arrange transport and portage within the airport. Arrange early boarding.
- Arrange transport from the destination airport to hospital, hospice or home.

Cabin accommodation

- Book suitable cabin accommodation.
- Consider aisle seat, proximity to toilet and available leg room.

Escort

- Arrange passport, visa, accommodation, return transport, vaccinations and insurance.
- Decide level of medical or nursing competence or whether family can supervise.
- Agree contingency plans for in-flight emergencies (fits, pain, agitation, death).

Medication

- Arrange a supply of medication and pack appropriately in hand luggage.
- Arrange controlled drug export license and letter (see below).
- Use a cool bag if needed for relevant medications such as insulin.

Letter containing (where appropriate):

- full details of: illness; DNACPR; medication; equipment; appliances
- contact details of medical teams in home and destination country
- confirmation that flight not to be diverted in case of emergency or death.

Oxygen

- Arrange supplies for the airport, stop-overs and the aeroplane if necessary.
- Consider use of portable oxygen concentrator (POC) and secure authorisation.

Special equipment

- Check clearance with the airline medical team and obtain written authorisation.
- Arrange the supply of equipment, spare parts and disposal facilities.
- Ensure adequate battery supply for equipment for flight.
- Arrange the return of borrowed equipment to the UK.
- Ensure supply of pouches, wet wipes, disposal bags, change of clothes for patients with ostomy or continence needs.

Dietary requirements

- Inform airline in advance.

3. Export and import of controlled drugs

- Check the latest regulations with the Home Office.
- Arrange an export license 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.

4. Special arrangements for medical care

Medical advice

- Check travel health information in country of destination.
- Obtain a European Health Insurance Card (EHIC) if travelling to the EEA area and check the position regarding medical treatment costs in destination country.
- Carry all key documents needed to access healthcare, eg passport, medical summary and reports of tests, medication authorisation.

Insurance

- Arrange insurance for passenger, luggage and equipment and any health needs if appropriate – not always needed if being repatriated for terminal care.

Liaising with medical services in the destination country

- Contact the Embassy and/or the hospice or palliative care service – information resources listed on pages 23-25 for details of local services.
- Contact a named doctor/institution.
- Medical summary (translated if possible) to be sent ahead, and a copy to travel with the patient.

CORE QUESTIONS:

1. Is the patient fit to fly?
2. Are funds available?



HOSPITAL

MEDIF–Fitness to Fly form
Medical summary
Controlled drugs letter
Oxygen supply
Oxygen concentrator
Medication plus List
Escort – nurse or family/
friend



HOME

MEDIF–Fitness to Fly form
Medical summary
Controlled drugs letter
Oxygen supply
Oxygen concentrator
Medication plus List
Escort – nurse or family/
friend



Ambulance
Taxi
Private cab

LAND SIDE



DEPARTURE AIRPORT

Oxygen supply in
airport
Medication in hand
luggage with letter
Getting around airport
Early boarding

AIR SIDE

Ambulance
Taxi
Private cab





HOSPITAL



Ambulance
Taxi
Private cab

CUSTOMS AND VISA



Ambulance
Taxi
Private cab



HOME



FLIGHT

Standard or business class
Seat – near toilet
Escort seat
Hydration
Oxygen supply
Oxygen concentrator



DESTINATION AIRPORT

Oxygen supply in airport
Getting around airport
Arrange medical support
and equipment
Bringing medication
into country

Appendix 1. 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:

Patient

- Transport to the airport – possibly private ambulance
- Air ticket in suitable class of cabin accommodation (private air ambulance/jet if the patient needs a stretcher, which is very expensive).
- Airport taxes.
- Visa for the country of destination.
- Purchase of medication and medical supplies.
- Hire or purchase of medical equipment.
- Return costs of equipment to the UK.
- Oxygen supplies for the airport and the flight.
- Insurance for baggage and emergency medical treatment, including possible repatriation costs if on holiday.
- Transport from the airport at the destination.
- Vaccinations and anti-malarial prophylaxis if appropriate.
- Medical care and medication in the country of destination.

Escort

- Transport to the airport.
- Air ticket in suitable class of cabin accommodation for outward and return journeys.
- Airport taxes.
- Insurance.
- Visa for the country of destination.
- Vaccinations and anti-malarial prophylaxis.
- Transport from the airport at the destination.
- Accommodation at the destination if not returning to UK.
- Cost of medical/nursing escort if not a family member.

Appendix 2. Resources

Organisations with specific air travel guidance

Civil Aviation Authority CAA

Guidance for members of the public and health professionals on fitness to fly.

Am I fit to fly: <https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/>

Assessing fitness to fly: <https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Guidance-for-health-professionals/Assessing-fitness-to-fly/>

Guidance for health professionals: <https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Guidance-for-health-professionals/Assessing-fitness-to-fly/>

Aviation Health Unit

Information for health professionals and members of the public on air travel and health:

<https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/Guidance-for-health-professionals/Contact-the-Aviation-Health-Unit/>

The Aviation Health Unit can also be contacted for advice Mon-Fri 08:30 to 16:30 by contacting 01293 573674 or ahu@caa.co.uk

European Lung Foundation

List of approved portable oxygen concentrators plus an alphabetical database of airlines and information about their oxygen policies.

Fit to fly: <http://www.europeanlung.org/en/lung-disease-and-information/air-travel/fit-to-fly>

Airline index: <http://www.europeanlung.org/en/lung-disease-and-information/air-travel/airline-index/>

European Federation of Allergy and Airways Diseases Patients' Associations (EFA)

EFA, a federation of respiratory patient associations in Europe, has created a web guide to travelling safely by air, plus specific information about flying in Europe with oxygen.

For examples of Europe MEDIF forms: <http://flywithoxygen.efanet.org/airline-medif-form-policies>

Checklist to fly with oxygen: <http://flywithoxygen.efanet.org/oxygen-checklist>

British Thoracic Society

The British Thoracic Society Air Travel Working Group has produced recommendations for managing passengers with stable respiratory disease planning air travel:

<https://www.brit-thoracic.org.uk/standards-of-care/guidelines/bts-air-travel-recommendations/>

British Lung Foundation (BLF)

The British Lung Foundation has produced advice about travel for those on oxygen therapy:

<https://www.blf.org.uk/support-for-you/oxygen/life-with-oxygen>

The BLF has a public helpline which can advise on travel with lung conditions:

<https://www.blf.org.uk/support-for-you/helpline>

The helpline telephone number is 03000 030 555.

Aerospace Medical Association

The US Aerospace Medical Association has a range of medical publications about airline travel: <https://www.asma.org/publications/medical-publications-for-airline-travel>

International Air Transport Association (IATA)

IATA has brought together the experience and knowledge of 12 medical directors from airlines of all regions to produce the IATA Medical Manual (published February 2017):

<http://www.iata.org/publications/Pages/medical-manual.aspx>

Travelling with controlled drugs

Home Office (Drugs and Firearms Licensing Unit)

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

General guidance about travel health

Colostomy Association

Advice and helpline about travelling with a colostomy or ileostomy.

Living with a colostomy: flying high, an ostomates guide to travel:

<http://www.colostomyassociation.org.uk/index.php?p=144&pp=3&i=109&page=Flying%20High>

Cystic Fibrosis

Travelling with Cystic Fibrosis: Recommendations for patients and care team members

<http://www.sciencedirect.com/science/article/pii/S1569199310001128>

Cystic Fibrosis Foundation – travelling with Cystic Fibrosis

<https://www.cff.org/Life-With-CF/Daily-Life/Traveling-With-CF/>

Diabetes UK

Information on travelling with diabetes.

<https://www.diabetes.org.uk/Guide-to-diabetes/Teens/Me-and-my-diabetes/Living-my-life/Holidays/>

Health Protection Scotland

Fit for travel: <http://www.fitfortravel.nhs.uk/home.aspx>

Macmillan Cancer Support

Information on travel and insurance for people with cancer.

Travel and holidays: <http://www.macmillan.org.uk/information-and-support/organising/travel-and-holidays>

A booklet covering health, life and travel insurance is available from the financial guidance series: Macmillan Cancer Support. Insurance. 4th ed, 2016: <https://be.macmillan.org.uk/be/default.aspx>

MASTA Medical Advisory Service for Travellers Abroad

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

NHS Choices

Healthcare abroad: country by country guide to reciprocal arrangements.

<http://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/Pages/EEACountries.aspx>

World Health Organization

Guidance on the health risks likely to be encountered at specific destinations.

International travel and health: <http://www.who.int/ith/en/>

Information about grants and funding

Grants to individuals in need

Directory of Social Change: <http://www.grantsforindividuals.org.uk/default.aspx>

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: <http://www.aco.uk.net/page/Home>

Turn 2us

Turn2us is a charity that helps people in financial need to access welfare benefits, charitable grants and other financial help: <https://www.turn2us.org.uk/>

International hospice and palliative care information

Hospice UK

The national charity for hospice care. For general enquiries about hospice and palliative care in the UK and abroad: <https://www.hospiceuk.org/>

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

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