Middle Articles

CONTEMPORARY THEMES

Medical Treatment on Holiday Abroad

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Personal experience of medical problems associated with holiday abroad has prompted inquiries into aspects which may concern British doctors. Most doctors travelling on holiday abroad meet compatriots who are ill, and in these circumstances many practitioners offer medical advice. Such consultations with people who are not seriously ill usually arise from casual encounters, and the advantages for the patient determine the decision to give advice. For instance, the ease of communication in describing symptoms to a fellow countryman certainly allays much anxiety and may avoid confusion and an uncertain diagnosis. On the other hand, the patients' holiday arrangements might be disrupted if they sought advice from a local doctor or hospital, and, furthermore, they would have to pay in local currency for the consultation.

In offering his professional advice the doctor may reflect on two problems. Firstly, he may be contravening the regulations governing medical practice in the country, and, secondly, he may not have legal cover for any subsequent claims by the patient. It is unlikely that the doctor would request a fee, though he may be given some recompense, but the receipt of a fee might prejudice his defence in these two eventualities.

The regulations governing medical practice in European countries differ, and the advice of lawyers in various countries has been sought. Their opinions are summarized as follows:

Belgium.—Treatment of a compatriot on holiday would not contravene the law, and in fact in an emergency a doctor would be obliged to treat a person whose life was in danger. There is no reason why he should not receive a fee.

France.—Isolated medical consultations with fellow countrymen or others arising from a chance encounter would be permissible, and likewise several independent consultations for urgent problems dictated by circumstances would not constitute the regular practice of medicine. Habitual practice of medicine in pursuit of professional income would be illegal.

Holland.—A British doctor would not violate the law by treating another British traveller and charging a fee would not jeopardize his legal position.

Italy.—It is unlikely that a British doctor would be prosecuted for an occasional attendance upon a compatriot who was ill while on holiday. In an emergency he would have authority to use his professional knowledge, and failure to offer help would constitute a crime. The fact that he did not charge for his services would not alter the criminal nature of repeated professional activities.

Sweden.—A foreign doctor may practise medicine without payment and will not be liable to any penalty, subject to the provisions of criminal law. In an emergency the laws relating to medical activities are waived, and this may apply to payment.

Switzerland.—A British doctor would be entitled, and even obliged if asked, to treat anyone in an emergency if a Swiss doctor

was not available. Moreover, in the opinion of a lawyer, the doctor would be entitled to fees. In non-urgent situations, however, foreign practitioners are not permitted to practise medicine.

Hence in an emergency a British doctor would be permitted, and in most countries obliged, to treat anyone. The treatment of a compatriot for a non-urgent problem, as an isolated act, is permissible only in some countries, and habitual consultations in any country, with the possible exception of Sweden, is illegal.

While a doctor is temporarily abroad on holiday his subscription to his medical defence society covers such emergency consultations.

Medical Insurance

British citizens travelling abroad are not entitled to free medical care except in countries which have reciprocal arrangements with the United Kingdom.

Reciprocal arrangements for medical treatment exist with Bulgaria, Denmark, Norway, Sweden, and Yugoslavia, but the British patient must clarify with the local doctor that he agrees to treatment on the basis of these arrangements. A receipt must be obtained and the local office of the health insurance organization notified. In Bulgaria the United Kingdom National Health Service medical card must be produced.

In New Zealand all nationals of the United Kingdom are entitled to certain benefits provided under local legislation. Limited treatment is available for some British subjects in Australia (those eligible for the Australian supplementary pension), in Israel and Malta (those receiving certain industrial benefits in the U.K.), and also in Israel for those qualifying for maternity benefit in the U.K.

It is not widely appreciated that the Channel Islands and the Isle of Man are not in the National Health Service, though visitors are entitled to some benefits. In the Isle of Man all services (apart from some small charges) are available to visitors. In Jersey treatment in hospital as an inpatient or outpatient and ambulance services are free. In Guernsey and Alderney general-practitioner hospital services, physiotherapy, and emergency ophthalmic services are without charge, and in Guernsey ambulance services and drugs if prescribed by a local doctor are available. On Sark there are no free services for visitors, and on the other Channel Islands the dental and general ophthalmic services are excluded from the benefits for visitors. The patient must meet the cost of transport to the mainland if transfer from the Isle of Man or Channel Islands becomes necessary.

If travelling in other European countries—including the Irish Republic—or elsewhere and if booking cruises in British or other ships it is advisable for British citizens to arrange private medical insurance. Unfortunately, many people have inadequate insurance cover.

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Most tariff and non-tariff companies offer policies for medical expenses abroad, and usually these also offer personal accident and baggage insurance. Some policies offer optional medical insurance. Medical charges abroad are high, and the total sum payable is limited in some policies to £250 per unit per person. Claims have exceeded £500, and some authorities consider that £1,000 is an advisable upper limit (Table I). Unusually high claims may exceed the limit of insurance cover—for example, hepatitis (U.S.A.) £1,000, pneumonia (U.S.A.) £1,000, plus hotel expenses, multiple injuries (aircraft accident) £3,500.

TABLE I.—*Examples of Medical Expenses for Treatment Abroad Claimed from Insurance Companies*

Medical Condition	Average Claim	Highest Claim
Consultation in hotel for diarrhoea ..	£2-5	£30
Appendectomy	£300	£500
Fractured limb	£450	£1,000
Concussion and minor injuries ..	£250	£600
Coronary thrombosis	£500	£1,500

In 1969 some tour operators are offering inclusive insurance to cover medical expenses, but, unfortunately, the exceptions to these policies are less likely to be appreciated by prospective clients. In fact all policies have exclusions which raise problems for certain patients. Pre-existing physical or medical conditions or any condition leading to chronic illness or infirmity which existed before the date of the policy are excluded. Presumably diabetes mellitus, chronic chest disease, and various cardiac conditions fall into these categories, though the proposal forms often ask no questions about previous illnesses. When a claim has been entered the company may contact the patient's practitioner to determine whether he has been consulted in the previous two years for any condition related to the claim. Pregnancy and childbirth are specifically excluded, though some specify pregnancy only antedating the date of the insurance policy. Illnesses arising from contact with any infectious disease in the three weeks before the holiday may be excluded.

The British United Provident Association's scheme provides cover for illness or injury during temporary visits abroad—including pregnancy and childbirth—to the same limits of benefit as in the United Kingdom and within the conditions of the section relating to pregnancy. Supplementary insurance may be necessary if the B.U.P.A. units chosen are the lower ones, and even the highest benefit for a surgeon's fee in the U.K. (£150) may be inadequate for an operation abroad. If the patient has taken units in only either the general-practitioner or the hospital section of the B.U.P.A. scheme other medical insurance for the holiday is necessary.

Hence patients with any medical condition which is likely to relapse or be exacerbated by any intercurrent illness while abroad may not have medical cover under the terms of these insurance policies. Unfortunately it is not possible to get medical cover at short notice, and it may be necessary to contact an insurance broker with a specific request related to the patient's illness. He then seeks insurance for the patient from an insurance company or a syndicate of Lloyd underwriters, and this will take time and is expensive. It has been said that people who may be at risk while abroad should not travel, but this is against the medical concept of encouraging people to pursue all activities despite chronic medical conditions.

It might be possible to anticipate such illnesses—for instance, in a patient with diabetes who may require medical attention more speedily if he contracts any infection or suffers from diarrhoea. Many doctors in Britain would be prepared to give patients at risk a supply of an appropriate antibiotic or other therapy with instructions for their use. The recent Department of Health circular (E.C.L. 60/68), however, has advised doctors that under the terms of the National Health Service they are

not allowed to prescribe for patients travelling abroad, and has mentioned particularly conditions such as diarrhoea. Routine medication—for example, insulin for a diabetic—is not included in the restriction.

The difficulty for some patients in getting adequate insurance for a holiday abroad is aggravated by this directive from the Department of Health, which curtails one method for limiting the need for medical help. It is possible, however, to provide medications for the most likely illnesses at a small cost to the patient by issuing a private prescription. On the same basis the cost to the N.H.S. before the recent restriction was even lower, and a choice of prescriptions for diarrhoea and infections illustrates the relative costs (Table II).

TABLE II.—*Comparison of the Cost of N.H.S. and Private Prescription for Some Medications*

Medication	Quantity*	N.H.S.† Script s. d.	Private Script‡ s. d.
Kaolin and morphine mixture B.P.C.	200 ml. (20 × 10 ml.)	2 10	4 0
Kaolin mixture for infants B.P.C. . .	150 ml. (30 × 5 ml.)	3 0	5 6
Tetracycline tablets B.P.	250 mg. × 40	15 8	18 10
Sulphadimidine tablets B.P.	500 mg. × 40	3 10	4 6
"Ivax"	340 ml.	18 0	20 3
(sulphaguanidine, 4 g.; neomycin, 300 mg.; kaolin, 6 g.)			
"Kaomycin"	240 ml.	25 5	31 8
(neomycin, 300 mg.; kaolin, 6 g.; bentonite, 6 g.; pectin, 120 mg.)			

* Metric volumes have been quoted although the formulations have not been altered yet in every instance.

† Cost to local Executive Council for E.C. 10 prescription issued by a retail chemist.

‡ Cost of a private prescription at a national chain of retail chemists.

Other exclusions in policies vary, but children under 5 years and people over 70 usually have to pay the first £5-10 of any claim. The problem of immediate payment also raises difficulties with the present currency restrictions, because payment of fees in local money is frequently demanded. Unfortunately, the vouchers provided by motoring organizations are not always accepted, though members are then advised to contact the representatives on the Continent or—as a final resource—the British Consulate for help.

Ski-ing holidays carry greater medical risks, and there are specific policies for winter-sports holidays. Fractures may necessitate prolonged treatment, and most insurance companies and people with experience of these injuries advise the patient's return to the United Kingdom as soon as possible. This advice also applies to many other medical situations.

Conclusion

British doctors on holiday abroad will often carry sufficient medical supplies¹ with them to treat any minor illnesses that they and their family may contract. They will often meet a British person who is ill, and for a variety of reasons the doctor will offer advice, and possibly treatment. These consultations are covered by his subscription to his medical defence society in the United Kingdom if his visit abroad is temporary, but may contravene the regulations about medical practice in the country he is visiting. It would be inadvisable to charge a fee. In an emergency there is no risk of prosecution. Regular consultations with compatriots in foreign resorts could be construed as habitual practice, and the doctor thereby penalized. If a British doctor treats anyone for a serious illness he is advised to co-operate with a local practitioner.

For one's own family and for patients who seek advice about medical insurance for holidays abroad it is suggested that cover of £500 per person at least is sought, and that the exclusions in the policy are examined. Patients with any chronic medical condition or who are pregnant should be advised to clarify the terms of the policy and to seek full cover—which may take an appreciable time to arrange. Finally,

in some instances a supply of medicines to allow the patient to treat any minor intercurrent illness may be provided privately at relatively little cost. All these precautions should ensure minimal inconvenience while on holiday abroad, and avoid additional expenses owing to inadequate medical insurance cover.

The medico-legal information in this article was supplied by the Medical Defence Union and their solicitors through reports from lawyers in each country concerned, and I am grateful for their help and comments. The facts relating to medical insurance were obtained from several sources, including Airworld Insurance Brokers, Automobile Association, British Insurance Association, British United Provident Association, General Accident, Medical Insurance Agency, P. & O. Lines, Royal Exchange Assurance, and Yorkshire Insurance Agency, and I gratefully acknowledge their help and comments. The British Medical Association, Department of Health and Social Security, and Home Office provided information and general opinions.

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¹ British doctors and any other individual are not entitled to take narcotics—for example, morphine—abroad. It is unlawful under Section 10 of the Dangerous Drugs Act 1965 to import or export substances in Part I of the Schedule to this Act (excluding preparations in Part II—for example, kaolin and morphine mixture, B.P.C.) except under licence granted by the Home Secretary. In practice import/export licences are generally issued only for commercial transactions. It is unlikely that other countries would approve temporary import since they abide by the International Narcotics Conventions. Moreover, it must be appreciated that medical practitioners do not have an international authority to possess these drugs; under national laws each country authorizes such possession only by medical practitioners entitled to practise medicine in that country. A doctor registered by the General Medical Council is generally authorized within the United Kingdom to possess any of the drugs in Part I of the Schedule to the above-mentioned Act. The Channel Islands and the Isle of Man have separate legislation in respect of the drugs. The degree of control, if any, over drugs not subject to the International Narcotics Conventions varies from country to country. So far as the United Kingdom is concerned, the import of amphetamines and other substances controlled under the Drugs (Prevention of Misuse) Act 1964 is also prohibited under Section 5 of that Act except under licence granted by the Home Secretary. The possession of amphetamine and amphetamine-like substances by patients travelling abroad may infringe similar legislation in countries visited, and though their doctor may provide a letter or other document indicating that they have been prescribed for a particular medical reason, such letters have no legal authority.

Other substances, such as antibiotics, may be restricted in individual countries, but a common-sense attitude is adopted if these are in reasonable quantities for personal use of the individual.

Radium Vita Emanator—an Unusual Potential Radiation Hazard

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Thirty years or more ago the drinking of weak radioactive solutions was recommended for a multitude of unrelated disorders (Fig. 1). The benefits claimed by the vendors of such solutions were greatly exaggerated, and at the same time we now have a more acute appreciation of the potential hazards of the ingestion of radioactive substances. It was doubtful if the radioactive content of these wares was always as high as was advertised, but even so one cannot but speculate about the effect on the radium body-burden of sipping daily “half a wine-glass full of Radium Water—Good for Children and Adults.” We were recently given the opportunity of examining a device for the home manufacture of radon water. The apparatus was discovered by a member of the public in a trunk underneath her mother’s bed after her death from “Paget’s disease.” It had probably been there for at least 20 years. Her father had died previously from “cancer of the liver”; for several years it had been his practice to drink at least one glass of water from the device daily. In this instance we were able to show that its radioactive output was indeed as high as was claimed by the manufacturers, and it became of interest to consider the radioactive hazards in the light of present-day standards of radiological safety.

The Radium Vita Emanator (Fig. 2) was on sale to the public in the 1930s. It contained a radium source with arrangements for collecting the evolved radon in solution, and the makers claimed, and recommended as the optimum dosage, a daily output of 10 μ Ci (expressed in the more imposing style of “10,000 millimicrocuries”). The main features of its internal construction are shown in Fig. 3. The lower chamber is an enclosed reservoir of about 160-ml. capacity, which normally remains filled with water. A radium source in the form of small pellets is contained in a metal cage attached to the roof of the reservoir. To use the

apparatus the upper chamber is first filled with fresh water. When the valve is opened this water displaces the contents of the lower chamber through the spout into a drinking-glass. The displaced water contains in solution the radon evolved since the last time of use. The valve is closed after use, preventing the further escape of radon from the lower reservoir.

FIG. 1.—One of the many varieties of “radium water” on sale to the public in the 1920s and 1930s. It was proudly claimed by the vendors that “its radioactivity is due not only to the emanation of Radium but also to the presence of salts of dissolved Radium.” Among many other recommendations it was stated that “if mixed with milk it makes it more digestive for all children and invalids.”

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