

Medical reporting: the vital component

Few travel or health insurers or assistance companies would argue that patient safety and the health of those who come into contact with a patient during a repatriation flight is of paramount importance. It is therefore astonishing to note that air ambulance operators are more and more frequently receiving requests from clients to fly missions without being supplied in advance with adequate medical information. In fact, there have even been instances where no medical report has been available to the air ambulance operator at all.

The importance of receiving an accurate and comprehensive medical report on a patient's status, however, cannot be emphasised enough. Before setting off on a mission, the air ambulance operator will, if correctly informed, contact specialist medical crew – for example paediatricians, gynaecologists or cardiac experts – who can deal professionally and efficiently with the patient's needs. In many cases, special equipment and medicines will also be required to ensure the proper care of the patient, and these should be loaded before flying from home base as they may not always be readily available in the country or region where the patient is situated.

Due to space and equipment restrictions, it is very difficult for air ambulance crews to perform any primary care or conduct a thorough diagnosis when arriving to pick up a patient, especially when the patient transfer takes place at the airport. Time constraints, dictated by flight operations and crew schedules, also prevent the medical team from undertaking lengthy stabilisation procedures, so it is essential that an accurate medical report is available for the receiving flight crew.

Furthermore, the air ambulance crew may arrive to pick up a patient and find they are unable to fly for any number of reasons. For instance, they could have an infectious illness – open TB, measles, mumps, rosella – that was omitted from the medical report but that would place the flight and medical crew at risk of infection if they were to repatriate them. Other infectious illnesses, such as Ebola

or SARS, of which the crew may not be aware until they arrive on site, can also restrict transportation back home. Often, these illnesses are omitted from reports as they have not yet been properly diagnosed.

Other patients are simply not fit to fly: in other words, it would be more dangerous for them to be flown back home than to stay at the foreign location. This situation is encountered if the air ambulance crew does not receive sufficient medical information in advance of their arrival or if the patient's condition has deteriorated since the time the crew received the medical report. In the latter case, the patient can sometimes be stabilised, for example overnight, and can fly back with the air ambulance crew the next day.

However, it is not just patient care that suffers from the lack of a well-prepared medical report. Economic and legal aspects must also be taken into consideration. It is a terrible waste of financial and personnel resources if a fully crewed air ambulance flies to a distant destination only to return empty. At the same time, questions of legal responsibility will be raised if a patient is cleared for transport but their condition deteriorates rapidly or they die during a flight, or if a medical crew unwittingly comes into contact with a patient carrying an infectious disease.

Thus, thorough preparation of a repatriation mission, of which an accurate medical report is a vital component, increases the safety and medical care of a patient, and consequently improves significantly their chance of recovering more quickly. A properly planned repatriation will therefore prove to be beneficial to the patient and, ultimately, to the travel insurer.