

**GLOBAL CONNECTIONS ; GROWING PEOPLE CONFERENCE
HIGH LEIGH CONFERENCE CENTRE
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SPECIALIST CARE

BY

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WE PREVENT WHAT WE CAN

The last two patients I have seen could have prevented their problems.

Tiffany could have worked an 8-hour day instead of 12, stopped for two weeks when she had a bad dose of flu and probably prevented herself from having a mild but devastating form of CFS for 6 months.

Roselda could have taken the right antimalarials instead of Daraprim, avoided having malaria three times while pregnant and not have to be flown back early to the UK.

BEFORE GOING ABROAD

ESSENTIALS:

1. INTERACTIVE HEALTH BRIEFING either from agency medic eg. at a weekend or day away, or with a travel nurse specialist. It raises awareness, informs and gives the chance to answer questions. Many missions have someone who can do this. Probably best done in a group. One of our travel nurses can do it if you ask well ahead.
2. WRITTEN HEALTH INFORMATION including customised list of immunisations, and list of anti-malarials, kits and health equipment needed for the exact assignment. We call this a health Information Pack
3. COMPLETE ALL IMMUNISATIONS
4. HAVE A MEDICAL Various categories:
 - (a) Going abroad for 6 months or less. Applicant completes form, GP completes a form from records. Then mission medical advisor or Interhealth/EIHC scrutinize and reports back.
 - (b) Going abroad for 6 months to 12 months. Applicant completes more detailed health form. GP or travel specialist does medical. Report back to agency. Optional need for psych assessment.
 - (c) Going abroad for 12 months or more. Medical carried out by travel health specialist eg EIHC/Interhealth etc. Psych strongly recommended.

SPECIALS: OTHERS WHO SHOULD HAVE MEDICALS

- (a) Those over 50 except for shortest trips
- (b) Those with significant pre-existing health conditions
- (c) Those going on high risk assignments, including war zones, or major adventure travel.

OVERSEAS RISKS WE REALLY TRY TO AVOID

Many people will have their own personal story. Brake failure, malaria, loss of sensation in leg, rabies scar).

Research suggests the following things are top of the agenda:

ACCIDENTS: Especially road. More information on Preventing Accidents in joint Interhealth and People in Aid document.

MALARIA: quite easy to avoid in most cases if we just follow good advice. I am astonished how many missionaries are using the most outdated anti-malarials and failing to follow sensible precautions.

HEART PROBLEMS in the growing number of older mission partners – those having a 2nd or 3rd career in their 50s, 60s, 70s or 80s. They need a careful assessment and advice on risk reduction and lifestyle.

STRESS AND DEPRESSION of course

DIARRHOEA AND ABDO PROBLEMS. No necessarily life threatening but the cause of enormous work loss, despondency and angst. Being British is a risk factor, but taking precautions and taking cipro help a great deal. Do not get overtired.

WHO PAYS TO MINIMIZE ILL HEALTH?

Health briefs, immunisations, anti-malarials, mosquito nets and essential equipment are not optional extras. They are potentially life saving. There are various suppliers. Interhealth's catalogue has been painstakingly drawn up.

In my opinion they should always be paid for by the agency or money should be earmarked (enough) so there are no short cuts. Individuals, especially volunteers with an option of spending limited money will not prioritise health. Volunteers should be given an accurate estimate of the costs of sensible health preparation, remembering that 3 rabies jabs alone can easily cost £70.

HEALTH INSURANCE

It's no longer an option for agencies to self-insure i.e. if something happens - to fly the person home. Part of health insurance is having the emergency number of the Medical Evacuation Company to phone and get immediate and potentially life saving advice in case of accident or severe illness, including when/if/how to be Medivacc-ed.

Travel insurance also brings peace of mind. Relatives expect it and in the aid world it is considered best practice to have it and by implication worst practise not to.

Providing travel insurance is a growth industry and there are 100s of providers. However, Banner Financial Services do a specialist and focused policy for Global Connections members, which I recommend.

LEISURE GUIDELINES

Most Christians work themselves into the ground. We all know the reasons. There needs to be an agency/mission policy, which covers at the very least:

Time allowed/expected off per week. Should be at least one and a half days.

Holiday allowance. Should be at least 5 weeks

Frequency of paid travel home. Should be at least every 2 years – the 3-year term is from the 19th let alone the 20th century. There are of course occasional exceptions.

There is the concept of the hardship post either because of location and/or type of work. There need to be guidelines in terms of how often there should be paid leave to get out of the country – it will usually be at least twice a year.

All this needs to be clearly negotiated and understood by all parties and then monitored. This will usually be a 3way trick between mission partner, sending agency and overseas partner/church/programme. And all this has to be budgeted for.

WHEN ABROAD

HEALTH FACILITIES ABROAD

Mission partners need to find out before going if possible, or be informed by their agency. They need two good health facilities to use near to where they will be living – I know that may be 200 miles away. Then when a crisis occurs they have a Plan A and a Plan B. Often agencies will know the best place, but IAMAT can help with further lists of worldwide clinics. Their email is iamat@centex.net They will supply free, a list of clinics but like a donation.

The mission hospital where it exists is often but not always the best option. Mission partners must look beyond their own mission to the wider networks available. It's astonishing how often members of one mission or agency are absolutely unaware that someone from another mission or a secular medic, e g from MSF is available just down the road or at least within half a day's journey

BOOKS:

The following are strongly recommended:

“Practical First Aid” : British Red Cross

“Traveller's Good Health Guide”, Lankester, Sheldon Press updated yearly.

“Staying Alive” : David Roberts ICRC if going to high risk area

“Honourably Wounded” : Marjory Foyle, Monarch if going long term.

If with a family “Your Child's Health Abroad” : J. Wilson-Howarth, Bradt Publications

“Families on the Move”: Marian Knell

Available from Interhealth or Amazon

WEBSITES: A confusion but 2 useful ones are www.fitfortravel.scot.nhs.uk www.travelhealth.co.uk Interhealth have a major site with both information about services and a very wide range of the resources and materials written, plus links to other sites. Some information will be restricted to member agencies. All those sites mentioned above plus Teleserve (see later) plan to work together in an integrated way.

Also recommended are www.globalconnections.co.uk and www.oscar.org.uk both filled with practical information on many subjects.

People in Aid is a government sponsored organisation whose mission is to empower agencies in the care and support of personnel. I recommend everyone here to contact them and seriously consider using the Code of Best Practice. More and more national and international organisations are signing up to this including some of the most professional Christian mission agencies. Info@peopleinaid.org
www.peopleinaid.org

EMAIL AND TELEMEDICINE link with medical advisor, Interhealth or other. There needs to be an expert travel medical specialist who can be contacted in case there is a serious or worrying problem and through that person a link to other specialists. Interhealth has its own network of specialists who can answer questions on virtually any subject.

Tim Lyttle set up Teleserve in 2000 to help develop this crucial form of health care and advise. It can save endless worry, reduce the number of repatriations and be very cost effective for missions.

Example from Interhealth. A young child in a family of 4 with suspected TB in India. Within 2 days they had 2 expert opinions about diagnosis and treatment and a hugely expensive repatriation and disruptive stay in England was avoided.

COMING HOME

1. MEDICAL CHECK

We recommend a medical with relevant tests for the following:

- (a) Anyone ill or with present or recent symptoms
- (b) The worried well including those who are worried or whose relatives are worried about their health.
- (c) Anyone with an exposure to an illness which may manifest itself later
- (d) Anyone who has been working in a developing country or remote/resource-poor areas for more than a year.
- (e) Anyone whose style of travel has put them at special risk e.g. those working in war and famine zones, remote to primitive locations or demanding expeditions.

AND anyone from a malarious area who has fever within 3 months of coming back must get a malaria slide without delay even if its Saturday night or you are in the midst of your long dreamt Spanish holiday.

Some will need a full medical others a short consultation. Part of the agenda is to assess wellbeing, hidden concerns and any false bravery. It seems like a failure when a close relative phones a week later and says by the did Geoff tell you about.

2. HAVING A CHANCE TO DEBRIEF

It is incredibly important that people feel listened to and supported by their organisation. Usually they do.

We feel at Interhealth there is great value for a chance to explore the personal and emotional side of the assignment, separate and in confidence from their mission. The British Red Cross have been the biggest user of this service. Many people still fear that a debrief involves couches, old ideas and peculiar therapists. Usually the context is a comfy chair and a cup of coffee or camomile tea.

There are a variety of services provided by Interhealth. A personal confidential review; critical incident debriefings for groups and CIDs for individuals. Also stress management briefings. And of course counselling for as many sessions as may be needed.

There are other ways for checking the well-being of those returning from overseas such as the Heimlich scale used by Mike and Liz Jones at Edinburgh International health Centre

We miss the point if we think of medicals of those returning as just being medicals. Anything and everything can crop up in a 45 minute medical and lifestyle review.

OTHER NEEDS BACK HOME

1. **ADULT CAREERS ADVICE** including assessment of skills and aptitudes, career wishes, avenues for further training and most appropriate jobs and career paths now mission partners are back in the UK. One or two organisations offer this – in particular InterChange Tel: 020 7902 9000 info@interhealth.org.uk
2. **A CHANCE TO CHILL OUT** i.e. no immediate deputation, speeches and articles and interviews. A planned and immutable chance for relaxation – personal, as a couple, as a family – both fun and spiritual. This really needs to be pre-planned and discussed. Not everyone though will want to feel they are being organised too much, least of all those who have been running a large project, school or hospital. But they should know it is considered best practice and the agency will not “put on them”.
3. **EDUCATIONS NEEDS OF CHILDREN** I worry that this is sometimes NOT given priority. It is so important kids come back at the right time socially and academically. It is mighty difficult for all but the most extrovert of football/sport capable to integrate as teenagers in today’s Britain. It is also very risky to assume that because kids have reached university age they can be left to their own devices or the care of older siblings or relatives. The first year at university is an extremely vulnerable time, indeed so are the early 20s when your children, though adults may be more open and willing and need to talk with you as much as ever. There can be a bit too much (sometimes also a bit too little) God-will-provide-thinking, as a substitute to some really prayerful and detailed research and planning about children’s needs.
4. **KEEPING UP NETWORKS** Because both MKs and their parents feel odd for ages – they need to meet with fellow expats so they realise in fact they are not odd at all – just different. Most people can do this informally but many don’t. The RAN network helps but is underused. Email and sending text messages are important for kids. A re-entry weekend such as run by EQUIP at Bawtry Hall can be invaluable.
5. **SOCIAL AND CULTURAL ILLITERACY** Most people who have been abroad for more than a few years feel a bit awkward and gormless when back

home. We all cope with this in different ways – some by institutionalising alternativeness and eccentricity. But getting a crash course into the UK in 2002 on subjects ranging from the club scene, latest films, way to use a supermarket, send a text message, find a job, buy a flat or house, use the internet, fit into a church which understands you, are all pretty key to being the integrated sort of person most of us would like to be. Limboland should not go on for too long - perhaps a month for every year abroad is the maximum we should expect.

AND THE NEEDS OF HQ STAFF?

A number of mission and secular agencies arrange for medicals and lifestyles reviews to be carried out on senior HQ staff and those who travel every 2 years.

At Interhealth we find these are every bit as important as those on staff working overseas. Overwork, stress and unhealthy lifestyles are often prominent and a stitch in time can save nine. Weight and exercise problems are often major factors.

In the UK there is no free NHS method for regular biennial comprehensive medical checks.

In the past two years we have found at Interhealth 5 senior executives under 55 with prostatic cancer who had no or minimal symptoms and which were found on routine screening. There have also countless instances of dangerously high cholesterol levels, and undiagnosed high blood pressure. In the past 2 weeks a CEO from the wide NGO sector presented seriously ill and was found to have undiagnosed diabetes. Regular health checks would probably have picked this up before symptoms developed.

Incidentally we do similar medicals and lifestyle reviews on anyone plus spouses who lives in this country and is in full or part time Christian ministry. The needs here are very bit as great as those for mission partners – fewer interesting parasites but just as much important stuff to discover and work through.

SUMMARY

Health care is not an optional extra. Keeping fit and vibrant are key to wellbeing, the success of a missionary career and for helping to minimise a breakdown in personal relationships overseas – or at home. Implementing health, well-being and safety guidelines, before during and after an assignment are a duty of sending agencies and churches.

