



LIFE'S A BEACH

Getting sick may be the last thing on your mind when planning a vacation — but it should be among the first. What you need to know *before* you go / BY KATE DALEY

» **IT WAS** Patty Eisen's dream vacation — a six-week backpacking trip across Southeast Asia with her son, Ryan. But when she awoke on the Thai island of Koh Phangan on Christmas Eve 2007, only three weeks into her trip, the then 51-year-old was in so much pain she couldn't get out of bed.

"It was excruciating," says Eisen. "The pain was worse than labour." She'd been having abdominal discomfort for a few days and figured it was food poisoning, but a doctor at the local walk-in clinic confirmed otherwise. He advised her to get to a hospital right away — her appendix was about to burst.

"I was so scared. I kept thinking, I don't want surgery in Thailand," Eisen recalls. There were no major hospitals on the island, so Ryan grabbed their backpacks and rushed to the ferry for the 45-minute ride to the larger island of Koh Samui.

Not only was Eisen forced to have surgery in a foreign country, but the private hospital required a large deposit before its doctors would operate. "They wouldn't do the surgery until I paid \$3,000 up front," she says. "Thank God for my insurance."

Eisen had the operation that night and was hospitalized for a week. Despite it being the “scariest experience of my life,” she thought the facilities were superb and the staff attentive. Then came the bill from her hospital stay: The final tally was \$10,000. Eisen had to call her brother back home in Toronto and ask him to put money on her credit card so she could pay. “I had to leave the hospital with, I swear, 100 pieces of paper to bring back to the insurance company to make sure I’d get the \$10,000 back, which I eventually did,” she says. “I had to have everything documented right down to the Band-Aids.”

While Eisen’s emergency situation isn’t typical, it can happen, cautions Jason du Sautoy, the supplier relations director for Flight Centre in Toronto. “If you’re sick and have any chance to contact your insurance company first, you should do so,” he advises. “Not just because of the financials, but because then

leave.” But, no matter how soon your departure, “it’s never too late” to check in with a professional.

First, your doc will make sure you’re up to date on basic immunizations, from tetanus to diphtheria, and then, depending on the disease risks of your destination and its required immunizations, you may need additional shots. From there, you’ll likely be evaluated for your risk of traveller’s diarrhea, which can involve taking an E. coli preventive treatment such as Dukoral ahead of time, and given a prescription for an antibiotic designed to fight your destination’s bugs in case you need it.

Think it’s not important to hit up a medical professional pre-trip?

“Ninety-seven per cent of travellers make a food and beverage error within 72 hours of arrival,” warns Keystone. If you’re in a country where you can’t drink the tap water, which includes most of Asia, Africa and parts of Latin

areas at night (even on buses) and never get on a motorcycle unless you have a helmet and preferably not at all.” Many countries rent out motorbikes for day trips, but Keystone tells all his travellers, while it might look fun, it’s not worth the risk.

What should you do if you get sick or end up in an emergency situation such as Eisen’s in Thailand? Contact your insurance company for a list of its affiliated medical centres or call a Canadian or American embassy to find the safest hospitals. If neither is an option, ask for a recommendation from a doctor in a five-star hotel or, barring that, try a foreign mission hospital. Your last resort should be a local government hospital.

Why? “If you go to a local hospital, they may give you an injection; the World Health Organization has shown in many developing countries 10 to 70 per cent of the injections are given with unsterile equipment,” explains Key-

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you’re also going to end up at a hospital vetted by the insurance company.”

Many people have health coverage through employee benefits plans or credit card insurance, but it may not be comprehensive enough to cover a serious illness abroad — or it may require you to pay up front. If you buy insurance from a major Canadian insurer and you get sick while away, it will usually send you to a sanctioned facility where your medical bills should be covered once you check in, says du Sautoy.

Prepping before travel is key, agrees Jay Keystone, director of Medisys Travel Health Clinic in Toronto and a staff physician in the Tropical Disease Unit of Toronto General Hospital.

Before heading to an exotic location, see a travel medicine doctor or visit a travel med clinic. While your GP might be able to give you some of your booster shots, not all doctors are up on infectious diseases worldwide, explains Keystone. “Ideally, go to a travel physician up to eight weeks before you

America, Keystone has a key phrase: “Boil it, peel it, cook it or forget it,” he says. “Easy to remember but almost impossible to follow,” which is why he suggests packing Imodium and antibiotics and seeking a doctor’s advice before you go.

As for vector-borne diseases (carried by insects such as mosquitoes), buy bug spray that contains DEET to help prevent dengue fever and malaria, not to mention irksome bug bites. A travel doctor will prescribe malaria pills if the country calls for it. “Many Canadians go south to the Caribbean and don’t realize there is malaria in such places as the Dominican Republic, Jamaica, Haiti and certain locations in southern Mexico,” explains Keystone.

However, risk of infection may be the least of your worries. According to Keystone, “Fewer than one per cent of travellers die of infection. Forty per cent of those who die abroad, die in motor vehicle accidents. I have two rules: Never travel by road in rural

stone. “This is why everyone should have both hepatitis A and B immunizations and should be very careful with injections abroad. Make sure the needle and the syringe come out of separate, sealed packages — unless, of course, it’s a life-or-death moment.”

You should also check for restrictions on travel insurance coverage because of pre-existing medical conditions, recommends Keystone. “If you have an underlying medical problem and you’ve changed a drug in the last three months, the company won’t cover you if you have a related medical issue abroad,” he comments. If the medical emergency isn’t connected to your pre-existing condition, you should be fine, he says, but make sure to read the fine print on all documentation before taking off.

“Bottom line: Travel is fabulous for expanding your boundaries and there are wonderful places to see in the world. But it’s all about common sense,” says Keystone. “There’s no vaccine against stupidity.” **M**