



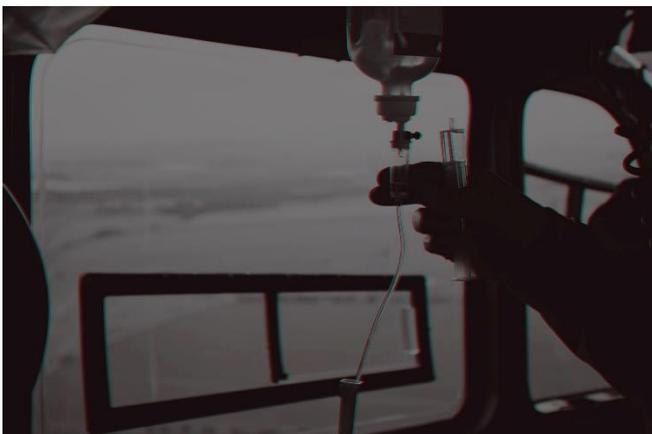
AIR AMBULANCE



FACT: A POORLY TIMED AIR AMBULANCE COULD MAKE YOUR CONDITION MUCH WORSE AND COULD EVEN KILL YOU.

WHAT IS AN AIR AMBULANCE

Either a helicopter or airplane both referred to as 'aeromedical' we refer to them here as 'AA's'. Air Ambulances, are a bit like normal ambulances, they are equipped with appropriate but limited apparatus vital to monitoring and treating injured or ill patients. Common equipment for air ambulances includes medications, ventilators, ECGs and monitoring units, CPR equipment, and stretchers.



WHEN ARE THEY USED AND WHY?

An Air Ambulance is used when the risk of a patient remaining where they are for treatment is greater than the risk associated with them being transferred.

Altitude puts the body under extreme stress and has a significant effect on our vitals, organs and bodily functions.

A request for an Air Ambulance is taken very seriously and is reviewed by our medical team, who based on information both available to them and known to them, have to consider what risk is attached to transferring patients by air either commercially or in an Air Ambulance.

They decide, based on what is medically appropriate and at all times making sure that any decisions do not have the potential to result in causing more harm than good.

We understand customers want to come home as quickly as possible after falling ill abroad, we really do, and we want to get our customers home – we just aren't prepared to do so until it is medically safe to do so.

HAVE YOU SEEN A WATER BOTTLE PRESSURISE ON A PLANE?

HAVE YOU FELT THE PRESSURE IN YOUR EARS?

DO YOU UNDERSTAND WHAT FLIGHT, ALTITUDE, AIR PRESSURE AND THE FORCE ASSOCIATED WITH TAKE-OFF AND LANDING DO TO YOUR BODY?



THE ACTUAL RISKS

The fact is that the human body performs best at sea level, however in the main healthy people cope very well on planes and in an aviation environment.

But - If someone is sick, their health is compromised, their body is fragile, weak, their organs are struggling, they are post- surgery, have excess fluid (and gas) in places they shouldn't be, have abnormalities to blood levels, as examples;

Then flight, aviation at any level and even in an Air Ambulance, is just downright dangerous and is likely to worsen a condition - in a number of medical situations it can result in premature death.

We refer to this as being 'medically contraindicated', *which in layman's terms means a particular course of action being inadvisable on medical grounds – i.e. the action could result in more harm than good*).



WHO CAN'T FLY AND WHEN?

There are so many variables and each case is considered carefully and with all the medical information we can get from the treating doctor, which is then passed to our medical team and aviation specialists who make an assessment based on their clinical expertise and experience of moving patients across the globe.

There is a lot of information available on the effects of aviation and altitude on the body; very simply there are the following things in flight that need to be considered and that can affect many of the organs, bodily functions and clinical stability/recovery (it should be noted that this list is not exhaustive but are some examples only):

- ▲ Oxygen and Hypoxia
- ▲ Gas Expansion
- ▲ Cabin Humidity and Dehydration
- ▲ Immobility
- ▲ Circulatory
- ▲ Noise and Vibration
- ▲ Acceleration/Deceleration
- ▲ Space in the Aircraft in which to work/treat
- ▲ Facilities Available on The Aircraft

All of the above have a bearing on many medical situations and so an AA is not always the answer, sometimes it is the answer, but the timing has to be very carefully managed. We don't want people to be exposed to unnecessary risk of harm! We appreciate that people who fall ill overseas often wish to return to the UK so that they can be treated in familiar circumstances.

This can and does lead to tension between an insureds desire to come home for treatment and the advice of our medical experts, who upon evaluation of all of the facts and utilising their many years of aviation medicine experience, believe that an AA isn't right at that time.



When our teams refuse the timing of or need for an Air Ambulance, this often leads to a breakdown in the relationship without insured, as our efforts to do the right thing, are construed as having an ulterior motive, which is simply not the case.

The relationship breakdown, which we try hard to recover and subsequent likely complaint is unfortunate, but we would prefer to handle the complaint and associated conflict than to bow to pressure from well-intentioned loved ones by repatriating our customers when it is not clinically appropriate to do so.

CONVENIENCE SHOULDN'T TAKE PRIORITY OVER BEST MEDICAL OUTCOME.

We know that when people find themselves in a medical situation overseas, they are frightened and quite simply just want to get home as quickly as possible.

When this wish to get home is delayed or refused, we appreciate the upset, we understand that customers become angry, scared, perhaps confused and conflicted. Often customers will use these emotions to channel energy into rallying round their friends and family, MP's and turn to social media, email and phone calls to us to convince us to change our position. Sometimes threatening anything, everything and everybody to get the outcome they want, which is to get home and to get home now.

The UK insurance industry has not endeared itself over the years to consumers and so we know it's hard for customers, at a time of vulnerability to put their trust in a financial services organisation to protect them from harm.

OUR DOCTORS CARE ABOUT ACHIEVING THE VERY BEST MEDICAL OUTCOME FOR YOU

Our doctors know that their decision to either delay or refuse an Air Ambulance is going to come as a disappointment to our customers and their loved ones. It is possible that AA transfer is an option some days or weeks later than requested, but only when the clinical risk of moving a patient is less than the risk of not moving.

This is our Doctors decision and one which they and we will stand by because it is the right thing to do for our customers best interests, regardless of the pressure from family, friends, treating doctors, journalists or MP's.

It is a difficult position because our doctors will have had their decision validated by another doctor and as such will be supremely confident that the decision, they have made is right for the customers health. They will try and explain to customers and their loved ones the reasons for their decision.

But often this is clouded by the emotions and an understandable overwhelming desire to get back home, so the advice and essence of what our Doctor is trying to achieve can be lost, instead considered as a delay tactic or worse still a decision based on financial position and not optimal care and best medical outcome.

IT'S NOT WHAT HAPPENS TO YOU BUT HOW YOU REACT TO IT THAT MATTERS

It is unfortunate that in some situations there is a stand-off, our Doctor is simply not prepared to put customers at unnecessary risk and so advises tifgroup of their clinical recommendations.



tifgroup have not and will not proceed with arrangements against the advice of our medical team and aviation specialists.

In the event of a conflict of our recommendations; one of two things happen and we always hope it's the first one:

1. Customers are unhappy about the situation and make it clear that they intend to complain, to the highest level. **BUT** they do take our advice and allow us to repatriate them when it's safe to do so.

2. We reluctantly provide customers with details of AA companies we know and trust, for our customers to arrange the AA themselves.

If the customer or their family, having had the risks explained to them by our doctor, wish to try organise this themselves then they are free to do so and to then seek reimbursement from the insurer. However, accepting that any failed attempts of repatriation are at their own risk.

Our hope in these situations, is that despite being unhappy with the decision to delay or refuse an AA, that our customers and their families at the very least listen to our recommendations and allow our medical team to proceed with clinically appropriate arrangements.

A TRUE STORY

A customer travelling in South East Asia sustained major skeletal Injuries including a hip fracture and several fractured ribs following a scooter accident.

He was at first taken to a private clinic but was subsequently transferred to the public hospital who were better equipped to treat and operate on the patient.

However, there were limitations of the public hospital and these were discussed; the surgical ability of the trauma consultants was adequate, but the nursing care was likely to be satisfactory, nevertheless the disadvantages of the care were outweighed by the advantages of early treatment in his injuries.

Repatriation to the UK was not recommended pre-surgery, early fixation was required, however a significant delay in surgery locally meant that tifgroup may consider transfer by AA to Singapore as the risk of significant delay would outweigh that associated with a relatively short transfer to Singapore.

The customer was understandably frustrated and insisted on being returned by Air Ambulance to the UK for treatment. This was not approved by our medical team who explained why a long-haul AA back to the UK was not suitable based on his clinical position and stability. Our team advised him on the potential plan to transfer him to Singapore.

The following day the patient decided to attempt to organise a scheduled return back to the UK, however this was unsuccessful. He then attempted to arrange his own Air Ambulances to return him to the UK, one company refused, however the other accepted initially and he paid a non-refundable amount in full.



This repatriation was a failed attempt as he was not accepted following clinical assessment of the AA medical staff. Supporting tifgroup's recommendations.

The patient further refused assistance from our teams, despite an offer of a short transfer by AA to a first-rate hospital in Singapore within 2 hours. The next day he accepted the offer made by tifgroup, he was transferred to Singapore, underwent successful and uneventful surgery and was repatriated back to the UK, two weeks after surgery.

It remains unclear why he made the attempt other than an overwhelming desire to return to the UK, but both attempts were wholly inappropriate medically, and would not have been authorised on clinical grounds, supported by the failed outcome of both attempts for the patient to make their own arrangements

Thankfully the patient was left with no choice, other than to accept tifgroup recommendations and as a result suffered no further harm and was operated and repatriated successfully.

Conflict Between Treating Doctor and Assistance Doctor

Our doctors are not the treating Doctors, they do not actively treat patients and do not adopt the role of the treating doctor (i.e. they are not responsible for and do not treat patients).

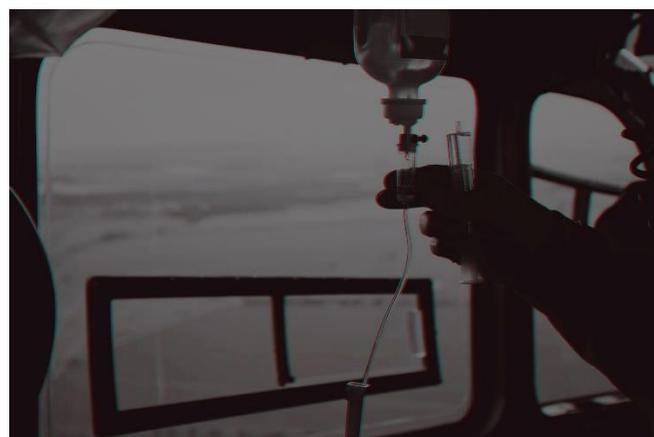
However, our doctors do not always accept the views of the treating doctors when it comes to repatriation. It would be wrong and improper to do so.

Our doctors make repatriation decisions in order to protect customers' health.

If a patient is receiving adequate medical care and the risk of repatriation is greater than continuing to receive treatment in the foreign medical facility, then a clinically appropriate decision is made to adopt the position of least risk.

Treating hospital doctors may have no training or experience in aviation medicine and so their views on repatriation cannot be accepted by our doctors as their motivations can be different and moreover the risks involved in repatriation is a specialist area which may go beyond the experience and expertise that the treating doctor holds.

This we know, can cause both conflict, confusion and a breakdown in confidence between our medical teams and the patient and their loved ones.





A TRUE STORY

We had an elderly patient overseas who had suffered a subdural brain haemorrhage; a bleed of the brain caused by trauma or a significant damage to the blood vessels in the brain.

The outlook for Subdural Haemorrhages is generally poor and a proportion of people die even with prompt surgery.

It usually results in injuries to other parts of the brain and can result in long term neurological problems, as it causes pressure to the brain (intracranial pressure) which can damage very delicate brain tissue, if the patient survives.

The patient was in an area of the world where the medical facilities are unfortunately inferior to the UK.

This is a geographical hazard that we can't control but instead had to consider whether the risks of him staying there were greater than moving him.

The patient's clinical situation meant he was unlikely to be well enough to return home on a normal plane and so it was known that at the point that his condition stabilised and he met the clinical requirements for aviation transfer by Air Ambulance that this would be the course of action taken.

The medical information provided to us from the treating Doctor, was passed to our Doctors, and one specifically who has worked at one of the most respected Neurological centres in the United Kingdom, so was best placed to make the assessment as to when to transfer him.

The family made it clear that they wanted him back in the UK, immediately and did not appreciate the recommendations made by our Doctor.

The reality was that this patient had swelling on the Brain and placing him into an Air Ambulance at that time, would have further deteriorated his condition and the risk of fatality was high, something our doctors were not prepared to risk.

After much pressure from the family, we provided them with details of air ambulances companies they could use, sadly within 36 hours the patient had passed away. This was not as a result of him having been denied transfer by AA, this was something we had considered at the time, to be a high possibility.

We were desperately trying to prevent a fatal outcome and preventing his death included NOT putting his brain into an environment that is contraindicated to his clinical situation and where we were unable to keep tight control of physiological variables that could make what was very critical situation, worse.

There wasn't anything we could have done to prevent this terrible outcome. We simply tried to keep their loved one safe and alive for as long as we could by making sure he was not placed into any unnecessary risk.

Our moral obligation to try and assist the patient and their family unfortunately resulted in a complaint, which at its heart was an accusation above our motives. To that, our motives was simply to ensure best clinical outcome for our customer.

SOMETIMES IT'S BEST TO STAY PUT

Treatment in Resort Vs Repatriation Back to the UK
We know that if a customer becomes ill or is injured during their trip, the instinct is to get home, quickly and to what is perceived to be a 'safe pair of hands' in the NHS.



We understand and completely appreciate customers may not want to go to an overseas hospital, they may be nervous about the unknown, the standard of medical care and the ability to converse with the treating doctors and nurses due to language barriers.

However, the truth is, that many countries of the world have outstanding medical care and a number are superior to the NHS. It is also the case that often, it is simply not medically appropriate for customers to return home before they have treatment. tifgroup assess each circumstance on a clinical basis, with knowledge of the treating hospitals; to establish that the required treatment is available and suitable locally.

We then make decisions as to whether there is any clinical benefit that outweighs the risk involved in a delay of immediate treatment and undertaking the complications associated with transfer back to the United Kingdom for treatment.

I'M A TOURIST, GET ME OUT OF HERE

There are only usually two reasons why tifgroup would support the transfer of a patient back to the UK over continued treatment in resort:

1. There is a lack of adequate medical facilities locally, as confirmed by our medical team.
2. The treatment required is long term and would be best to be undertaken by a usual consultant or a UK NHS based consultant for continuity of care for long term, chronic conditions.

In the main if there are adequate facilities available locally, we would recommend the immediate treatment in resort followed by a period of stability, where we then make arrangements to get our customers home in the event, they cannot return on their original planned return date.

SURELY THE NHS IS THE BEST OPTION?

If customers are worried about the standard of care they may receive, it is useful to understand that the UK health service is actually ranked as inferior to a number of countries both inside and outside of Europe- see below are 5 typical destinations from British Holidaymakers, who are 'better' than us at medicine based on the World Health Organisation report.

Country	Position
France	1
Italy	2
Spain	7
Portugal	12
Greece	14
UNITED KINGDOM	18

In many cases, customers end up being treated in hospitals that are far better than their local equivalent in the NHS, so the treatment overseas can actually be better than what they would receive in the UK.

In most cases it is medically preferable that customers have treatment at the earliest opportunity to prevent the risk of health deteriorating which it may well do if return home is delayed and without any medical intervention or indeed the medical condition is worsened by transfer back to the UK.





A TRUE STORY

Following a catastrophic road traffic accident, a young girl suffered over 80% burns to her entire body, with a poor chance of survival.

As well as the extensive burns, she had suffered fractured ribs, serious lung and chest injuries, and was suffering from the effects of smoke inhalation.

The patient was in France and was immediately placed into an artificial coma and moved to the local state facility, she was transferred to the European Burns Unit in the area, before being moved for extensive treatment back in the UK once she was stabilised and received the initial care required.

It was our medical officers' opinion at the time, that her immediate transfer back to the UK was not appropriate, as her infection risk was so very high and she was in a critical condition. The best option for her was to get her moved to what is a world class facility for burns in France for immediate treatment. Despite a poor prognosis and poor chance of survival, the efforts of the receiving burns unit meant that she made a miraculous initial recovery and was then stable enough to be flown by Air Ambulance to a specialist burns unit in the United Kingdom where her treatment involved many months in hospital and numerous operations for the long-term treatment of her injuries.

Our chief medical officer, advised tifgroup that whilst the patient had experienced huge trauma and severe, life changing and threatening injuries, she was in one of the best places in the world she could be under the circumstances and so it was the best location for such horrific circumstances and ultimately the efforts of both the French medics and the long term treatment of her injuries back in the UK have resulted in both her survival and long term recovery.



OUR PHILOSOPHY



SAVING LIVES NOT MONEY

There is lots of information contained in a travel insurance policy wording, information that *should* be read, but that most people just don't. It is important and the lack of time invested in the product can result in people being left out of pocket financially.

That's why we, tifgroup, launched Travel Insurance Explained, a consumer education campaign to help customers understand the, let's face it, complicated product and to then help them find the most appropriate travel insurance for their circumstances. We have done this because, at our very core, we are passionate about our customers and about our industry.

As an industry, our ability to meet the expectations of our customers is the only way we can really raise the impression that people have of the travel insurance product.

However, accepting that this is important, that is after all why we created the Travel Insurance Explained campaign for our industry, it is, in the grand scale of things only an issue of money.

It is an issue which we will and continue to try to tackle, for the benefit of consumers, but there are far more challenging problems that moral and ethical insurers face and which are not limited to just financial impact to our customers, but to our customers welfare and safety.

WHAT ARE TIFGROUP ABOUT?

From humble beginnings to now having become the largest provider of travel insurance company in the UK, tifgroups' position hasn't faltered and has always been to do what is in the best interest of our customers.

As we have grown in size and market share, we have seen an ever-increasing number of complexities and challenges for holidaymakers overseas and have created a business model aimed at navigating through these; always doing what is right for our customers and keeping their best interests at the core of every decision we make.

We pride ourselves on this and over the years have made sure that only likeminded individuals join our team so that this passion and determination to do the right thing, regardless of the consequences or the required effort to do so, stays at the core of what we do.

IT IS A SIMPLE MORAL OBLIGATION TO DO WHAT IS RIGHT

As we have grown, the exposure to and experience we have witnessed first-hand of immoral and unethical practice around the world is significant.



This has made us even more passionate and determined that we will make a stand to change things. **'THE MORAL INSURANCE COMPANY'** - sounds unlikely we hear you scoff, but it's what we do and have been doing for some twenty years, because whilst we are a 'business' - we are also a group of really nice people who believe in doing the right thing.

WE FEEL THAT WHAT WE DO IS IMPORTANT, THAT IT MATTERS AND IT MAKES A DIFFERENCE TO PEOPLE'S LIVES.

Many customers have taken the trouble to write to us to tell us they agree, but we are aware that, not many people outside of our organisation, or who have had first-hand experience of these problems understand the issues.

We feel so passionately about this situation, that not only are we trying to tackle the problem single handed. We are also raising awareness of the issues so that people can make better decisions and understand the complex world that they may face should they be unlucky enough to fall ill abroad.

We want you to understand what goes on, what we know, what we are trying to do, so you can at the very least chose to protect yourselves, whether you are insured by us or not.

WHAT DOES TIFGROUP KNOW?

We have real case studies that are quite frankly horror stories, countless- and we have some truly shocking information, we have tried to categorise this into areas of concern. But the headlines – on what customers need to know about is:

- ▲ Some Doctors working in private medical facilities overseas have and will withdraw pain relief and will refuse to treat over financial matters.
- ▲ Some Private Hospitals will breach fundamental human rights by holding patients or family members hostage over payment concerns. Some will do so forcibly
- ▲ Air ambulances can be fatal, if not timed carefully
- ▲ Private hospitals overseas do not in many cases offer a better quality of care.
- ▲ Optimal care is in our experience found in state run facilities.
- ▲ Doctors working privately outside of the UK are not in all cases, bound by the same level of regulation as our doctors in the UK
- ▲ Some hotels in tourist destinations earn fees or commission for referring to pre-agreed private hospitals, even if the treatment needed by the patient is not available or possible.

We are not the only company in the industry that are aware of these issues, but we believe we are the only one currently prepared to tackle the problems. Whereas others, we know, take the path of least resistance.

We will continue to try and protect our customers from poor practice and unnecessary risk, whilst trying to ensure optimal care. As you read, you will understand that these decisions are motivated only by best consumer outcome and not financial concerns.