

EUROPEAN AEROMEDICAL REPATRIATIONS AND TRANSFERS

Dr Liam Scott

ST6 Anaesthesia & Intensive Care, Bristol

The words 'air ambulance' usually conjure images of helicopters, orange flight-suits and pre-hospital transfers to nearby Emergency Departments. There is, however, another less familiar aspect of aeromedical work: elective transfers across international boundaries in 'fixed-wing' aircraft, flying faster, higher and further than our rotary colleagues. I have always loved flying, but my ambition to study Medicine won over any inclination to become a pilot like my brother. However, a chance conversation with a colleague during ST3 opened my eyes to the many aeromedical flights occurring in European skies on a weekly basis. It seemed the perfect role to combine my love of aeroplanes with the intensive care 'day-job'. So for the last two years alongside my dual training, I have flown 2-3 days per month with Capital Air Ambulance, based in Exeter.

The transfers are predominantly funded by travel insurance, bringing holidaymakers or business travellers back home for specialist treatment or ongoing rehabilitation. We provide a bed-to-bed service, including road transfers before and after each flight. The medical work is highly varied: from well, stable patients with straightforward problems (e.g. isolated long-bone or pelvic fractures, post-operative recoveries), through to ventilated, unstable ICU patients on multiple inotropes or infusions (e.g. severe sepsis, polytrauma, post-arrest). The majority of my missions have been to Portugal, Spain and the Spanish islands, with an eclectic selection of other destinations thrown in - Norway, Croatia, Latvia, Iceland, even Kosovo. Patients can be repatriated to anywhere in the UK or Ireland; occasionally we fly patients from the UK back to their home country, or fly one segment of a much longer journey as part of a 'wing-to-wing' transfer. Capital also provides the emergency provision for the Channel Islands; on-call days can see us dispatched at short notice to transfer unstable patients to tertiary services on the mainland. The majority of European missions are completed in a single day, but every so often, a longer trip to a further destination

(or an unexpected medical, avionic or meteorological complication!) results in an overnight stay abroad.

Capital flies two types of aircraft (five Beechcraft KingAirs and three LearJet 45s), all specially modified and fully equipped for aeromedical transfers. The twin-turboprop KingAirs are semi-pressurised aircraft flying up to 28,000ft, and feature heavily in the fleets of many international air ambulances. The luxurious LearJets are modified private business jets; flying above weather systems (and commercial airliner routes) up to 50,000ft, they are very fast, smooth, spacious and comfortable.

As an adjunct to the usual ICU day-job, aeromedical work has plenty of attractions. There's the excitement of flying around Europe in the back of small aircraft, ducking in and out of different countries for just hours at a time. At the airports, we get to work behind-the-scenes: out on the tarmac while holiday jets taxi nearby, then popping in and out of countries through small security back-gates. We get to experience hospitals, healthcare systems, ambulances and medical practices quite different from our own. Patients and their families are usually very pleased to see us, often being the first English-speaking, UK-trained medics they've encountered since falling ill. The flight nurses I work with are all highly skilled and experienced, and there is a strong sense of camaraderie between the medical and flight crews. The planned (and unplanned) overnight stays abroad are also a welcome bonus!

The work is not without its challenges. The days can be very long; a single-day mission in a KingAir to southern Portugal might typically involve 4-5 hours of flying each way, not including the time spent packing kit, travelling in land ambulances, or preparing, stabilising and handing-over patients on the ground. The nature of repatriation also means that clinical work usually happens in the second half of the day, when fatigue may be starting to set in. The information and handovers we receive abroad can be incomplete, non-

existent, or completely incomprehensible (my Spanish is pretty basic!). The working environment is small and isolated, and as a family member often travels along too, we are very much 'on show' the entire time. Upon arriving in the UK, we also occasionally face the challenge of explaining to receiving teams that we have done our best with our limited space, time and resources, but that ultimately we have only been looking after the patient for the preceding 3-6 hours,

and can't unfortunately justify the previous three weeks of foreign management decisions!

In summary, fixed-wing aeromedical work is an exciting, highly satisfying and relatively unusual medical job in which to utilise knowledge and skills in a unique environment with its own specific risks and challenges. It is definitely worth it - there are not many ICUs with a view of the Alps from 28,000ft!



Image 1. Refueling the LearJet in Leeds, before departure to Alicante



Image 2. Unloading the medical kit from a KingAir in Majorca.