

Practical considerations and useful information sources for patients, carers, and healthcare professionals

Airline medical departments and MEDIF

Most patients with respiratory conditions can fly safely without additional support. Where there are concerns, many airlines have medical officers (or medical clearance teams) who can be contacted for advice. They also have relevant information available on their websites. Formal clearance may be required by the airline medical department.

Passengers with significant healthcare needs are encouraged to use the Medical Information Form (MEDIF) system. The airline carrier has a responsibility for the care of its passengers but can only be expected to do so if informed in advance of the healthcare challenges that specific passengers may have. IATA recommends the use of a standardised form, although some carriers seek a doctor's letter to fulfil the same role. The MEDIF usually requires the patient to enter their details and to sign a permission statement for the release to the airline of clinical information pertinent to the flight. This not only helps the airline and its medical department to assess the suitability for flight of a passenger and to address individual requirements for support, but it will also be flagged in their records. This enables cabin crew to be better prepared to support the passenger; and should avoid last minute challenges about their fitness to fly. Such challenges can result in delays and/or the passenger being denied boarding. The MEDIF form can usually be downloaded from the airline's website.

Cigarette Smoking

Cigarette smokers experience the adverse effects of altitude more than non-smokers. Passengers should consider quitting altogether, or at least not smoke for 24 hours before their flight. They must never smoke while they have oxygen equipment in their home, in their car, or at the airport, even if it is switched off.

Exercise

Passengers should consider whether they will need a wheelchair at the airport terminal, and who will be able to provide it. Distances from check-in to departure are often considerable and underestimated. Passengers at UK airports may have to walk around 1 km; carrying hand luggage and/or equipment may prove impractical.

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Passengers should keep active by undertaking seat-based exercises and/or standing at intervals if flight conditions permit.

It seems prudent to recommend that passengers with significant respiratory limitation planning longer flights, regardless of whether they need in-flight oxygen, request an aisle seat near a toilet to avoid long periods of walking.

Altitude-related expansion of humidified gas within an enclosed space in the lung (for example in a passenger with emphysema and a bulla) may cause discomfort.

Patients who cannot tolerate being without supplemental oxygen for even a short period of time should not travel by air, as there will be times when oxygen cannot be supplied. Passengers should be aware that these may exceed the planned periods of take-off and landing.

Oxygen should be considered for those staying at high altitude destinations.

Insurance

Passengers must take out adequate travel insurance to cover outward and return journeys and the stay at their destination. The potential costs of medical support at their destination or of a specialised aeromedical retrieval flight are very substantial. Full disclosure of the medical status will be required. While the associated costs might be considered prohibitive by some, the financial risks associated with absence of insurance cover for a vulnerable passenger could be highly significant.

Medications

Passengers need continued access to their medication. A sufficient supply should be carried in hand baggage to cope not only with the immediate flight but for potential delays, diversions and/or loss of hold baggage. In some destinations the familiar formulation may not be easily available. Where there are restrictions on hand baggage, the airline must give permission for passengers to take their medications on board. It is helpful for passengers to carry with them a list of prescribed medications on headed paper. This can be a GP, hospital, or NHS prescription list, and can be scanned to a smartphone for ease of access.

Nasal dryness, irritation and epistaxis sometimes occur with higher nasal oxygen flow rates; and may be exacerbated by the dry cabin environment. Passengers may be advised to carry a water-based moisturizer and/or a saline nasal spray for longer journeys.

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Useful websites

Aerospace Medical Association www.asma.org

British Lung Foundation www.blf.org.uk

British Thoracic Society www.brit-thoracic.org.uk

Centers for Disease Control www.cdc.gov/travel

Civil Aviation Authority www.caa.co.uk/Passengers

Cystic Fibrosis Worldwide www.cfwv.org

European Lung Foundation www.europeanlung.org

European Federation of Allergy and Airways Diseases Patients' Associations www.efanet.org

International Air Transport Association www.iata.org

International Civil Aviation Organisation www.icao.int

International Society of Travel Medicine www.istm.org

Patients Know Best www.patientsknowbest.com

For alternatives to air travel please refer to www.seapuffers.com

Advice for passengers travelling with HIV:

The Terrence Higgins Trust

www.tht.org.uk/hiv-and-sexual-health/living-well-hiv/your-rights/travelling-hiv

Advice for passengers travelling with a heart condition:

The British Heart Foundation

www.bhf.org.uk/information-support/support/practical-support/holidays-and-travel

Advice for passengers travelling with CPAP:

The Sleep Apnoea Trust

www.sleep-apnoea-trust.org/uk-airlines-cpap/