



The regulation is in place, but whether or not travel agents selling insurance follow the rules is another matter. Sarah Watson reports

From 1 January this year, travel agents or tour operators in the UK selling travel insurance alongside a travel or holiday booking are no longer exempt from regulation by the country's financial services watchdog, the Financial Services Authority (FSA). But according to new research by World First Travel Insurance, three months after these new rules came into effect, a quarter of holiday firms selling, arranging or advertising travel insurance are doing so in a way that contravenes FSA rules, and in some cases is illegal. In a survey of 400 websites offering travel insurance, it was found that more than one in four are not meeting watchdog rules regarding the provision of such cover, which could have 'real consequences' for those in breach of the rules, according to World First

managing partner Martin Rothwell. Some of the more common problems uncovered include Appointed Representatives (those travel firms that have license from an FSA-regulated insurer) omitting to display their status and the name of the insurer or insurers on behalf of whom they act. This can mislead consumers, who may think they are being offered the best deal on the market, as opposed to the offering of just one insurer. Also, companies that do not have appointed representative status are continuing to state that insurance can be arranged and are including details of cover and premiums when they do not have the authority or capacity to do so. And other non-regulated travel businesses are recommending or advising specific insurers, in direct contravention of FSA guidelines. "Agents seem to be overlooking key paperwork and website updates," said Rothwell. "Many agents have

simply not updated their terms and conditions since December 2008 or removed old, out-of-date pages from the Google index." The new FSA rules were designed to make sure travellers were not left at risk of getting a poor deal on their travel insurance by making travel agents and tour operators completely transparent with regards to their capacity to sell and advertise such products. It would seem, however, that more work needs to be done on ensuring these companies adhere to the strict rules on compliance. *ITIJ* spoke to the FSA about the results of the survey, which, according to a spokesman, has not yet been brought to the attention of the organisation. In its response to questions, the spokesman stated: "We will take action against firms selling connected travel insurance who are not authorised or who are not appointed representatives. We are monitoring the situation regarding firms carrying on unauthorised business."

AmEx wins class lawsuit

American Express has recently won a trial that took place in California in a case that involved a class of customers who claimed that they were collectively charged hundreds of millions of dollars for travel insurance policies that were never issued. Mandy Aitchison has the details

In his ruling, California Superior Court Judge George Hernandez found in favour of the defendant. Having heard the evidence from the AmEx cardholders, he found that they had failed to prove their case and ended the trial even before American Express had presented its evidence.

The case was brought on behalf of hundreds of American Express credit card holders, who claimed that the New York-based company overbilled them for travel insurance premiums and then failed to refund the fees for those who didn't qualify for the insurance under its terms, or for customers who cancelled the flights they had purchased on the credit card – action they felt was in contravention of unfair business practice laws in both New York and California. The cardholders were asking the judge to rule that AmEx had failed in its duty to clearly show how customers could reclaim the premiums they had paid, and should not, therefore, be allowed to keep the money.

The lawsuit was originally filed in 2001, with the class consisting of six million current and former customers of American Express who had purchased travel insurance on their credit card between September 1995 and February 2008. In addition to the issue of not refunding premium charges, the cardholders also took action against the company as they felt it was unfair that it charged for insurance on all airline-related transactions above the value of \$45, when it should have only charged the insurance fee for airfare transactions. Thus, passengers were charged for insurance if they asked for a seat upgrade that cost more than \$45, and the same if they had to pay excess baggage fees – the insurance was then added automatically.



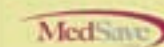
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IN THIS ISSUE

REGULARS

News <i>continued</i>	4
Company brief	8
Insurance matters	9
Editorial comment	12
Travel matters	16
Health matters	18
Air ambulance news	19
IPMI News	38
Service directory	40
Grapevine	46
Diary dates	46
On the move	47

FEATURES

News analysis: Skiing safety	24
Following the recent death of British actress Natasha Richardson in Canada, the question of mandatory ski helmets is back on the agenda	
News analysis: 10 years in travel insurance	26
<i>ITIJ</i> celebrates its 100th issue this month with a look back at how the international travel insurance industry has changed in the 10 years since the magazine was first published	
Feature: Cancer cover	30
Travel insurers might not be trying hard enough to offer cover to those suffering from cancer. How can they do better?	
World markets: Canada	32
From the heights of Whistler to cosmopolitan Quebec, Canada has a lot to offer the adventurous traveller, but is its healthcare provision up to scratch?	
Profile: Christine Herrin , Global Excel	37

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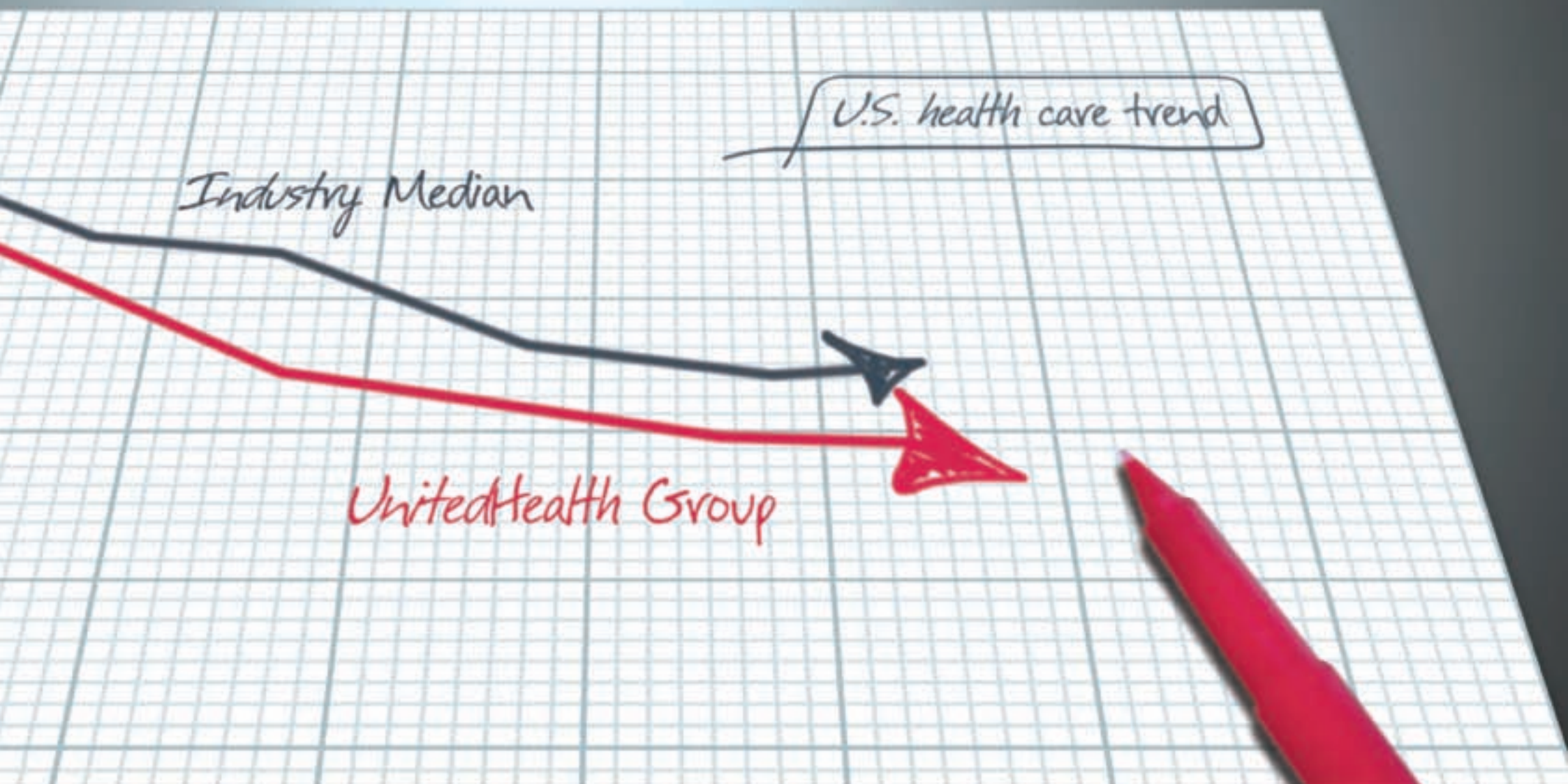
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Bag loss figures released

Figures from Insure and Go have shown that lost or stolen baggage was the second most common cause of travel insurance claims in 2008, with approximately 396,000 British travellers submitting claims for lost luggage over the course of the year. The company says the settlement value of these claims totalled £27.9 million, a rise of eight per cent on figures from 2007. The insurer's figures have demonstrated that on an average day last year, 1,086 British passengers lost their belongings in transit, with 12 per cent of those people believing their luggage had been stolen rather than misplaced.

A survey undertaken by Insure and Go also found that the travelling public have very little faith in baggage handling systems around the world, while one in eight do not trust the baggage handlers themselves. Over 20 per cent of people who responded to the survey said they packed less in order to take only hand luggage on flights, thus reducing the risk of checked-in luggage going missing. Despite high numbers of baggage claims, the most expensive type of claim for the UK's travel insurance industry was still medical expenses claims, the cost of which rose by 58 per cent from 2007 to more than £383 million. In other claims areas, the insurer noted that there had also been an increase in claims for

flight cancellations – in 2008, there were more than 240,000 such claims, a 23-per-cent rise on 2007. To make the situation worse, the value of each claim has also risen by 22 per cent, thus creating a 51-per-cent increase in the total value of such claims paid out by the insurer. Insure and Go has estimated, based on its own figures, that travel insurers operating in the UK paid out on more than 1.45 million claims for medical problems, lost or stolen bags, flight cancellation, lost or stolen money and travel delays in 2008, paying out some £553 million.



Travlaw predicts rise in claims

A managing partner of Travlaw, which specialises in travel litigation, has said that his company saw a record increase in the number of claims over the past six months, and warned that this summer will bring even more, as people try and get back some of the hard-earned money that they spent on their holiday. Stephen Mason explained: "On the one hand travel

companies are facing more claims, and on the other they have fewer staff to deal with them. It's been a pattern in the last few downturns. When times are hard and affording a holiday is pushing the budget, claims are much more likely." Such claims, he said, could range from dissatisfaction with a hotel room, to claiming for illness or injuries that occurred abroad.

Obama eases Cuban embargo

US President Barack Obama's decision to ease a handful of restrictions on relations with Cuba is seen by American tourism and business entrepreneurs as only one small step in a tug of war with though adversaries that still has a long way to go. Milan Korcok reports

Obama's use of executive powers to allow Cuban Americans to visit family members in Cuba as often as they like and to send gifts and as much money to them as they want, does not extend to lifting the total embargo

on Americans visiting the island as tourists or allowing American businesses or their international subsidiaries to do business with Cuban enterprises. His initiative does allow, though, telecommunications companies to pursue increased access to cell phone usage and satellite television between the two

countries, but leaves further lifting of trade relations and business restrictions to continuing negotiations with Cuban leader Raul Castro and his brother, former president Fidel, neither of whom are likely to give away more than they get.

Fidel Castro's response to Obama's actions, published in Granma, the official Cuban Communist Party newspaper, said the lifting of restrictions did not go far enough and real change would come only if and when Washington totally lifted the 50-year-old embargo. For Washington's part, that is not likely to happen until Cuba eases up on its civil liberties and freedoms record and releases hundreds or thousands of political prisoners whose rights are championed by the powerful Miami-based lobbying group, the Cuban American National Foundation. That kind of 'normalisation' is a long way off and the road to it is twisting and full of potholes.

Until there is some discernible give and take on these fundamental issues, the visions of massive cruise ships disembarking thousands of tourists in Havana, or of vacationers from Idaho or California exploring cigar factories or rum distilleries in Santiago will remain elusive dreams for tourism capitalists on and off the island. For now, Cuba will have to make do – which it does very well indeed – with a couple of million tourists from Canada and Europe who visit each year and who are unaffected by American embargo rules. To date, tourism officials in Miami have remained sanguine about the prospect for an opened-up Cuba, most saying they have heard this rhetoric before but actions have rarely followed the words.

Air Ambulance companies, who would stand to sharply boost their business if millions of Americans started visiting the nearby island country annually, reflect the muted optimism expected out of Obama's actions. Tom Cox, director of business development for Air Ambulance Specialists, told ITIJ that 'so far, there does not seem to be too much talk about travel (to Cuba)'. "Maybe when it opens to all Americans it might make a difference," he said, "The announcement by Obama just seemed to be a non event at this point."

Brian Weisz, president of Fort Lauderdale-based Air Ambulance Professionals, notes that 'if Cuba opens up a lot, some of the surrounding Caribbean islands may lose tourists and the air ambulance transports will pick up more because people traveling there are more curious about the island'. But for now he sees little change to the way of doing business for his company, which already operates in Cuba through permit with the US Treasury Department.

Perhaps of greater immediate importance for the opening up of Cuba is that the House recently passed a bill, and the Senate is currently debating one, that would totally lift the Cuban embargo, which some legislators have labeled a 'Cold War relic'. Many of them see Cuba as a ripe market for American agricultural and manufactured products. If negotiators for the House and Senate can reconcile their bills, the Administration might be faced with another avenue for seeking trade-offs with Cuba. But until then it's two steps forward, one back.

Trend in job loss insurance

A new breed of job loss insurance is emerging amongst travel insurance companies worldwide in response to changing needs in the current uncertainty of today's economic climate. The trend is primarily materialising within the insurance provided by cruise companies, such as CruiseOne, Cruises Inc., Direct Line Cruises, as well as online insurance providers e.Cruises.com and WorldNomads.com. The aforementioned US-based companies have followed in the footsteps of Norwegian Cruise Line (NCL), who announced that their BookSafe Travel Protection Plan would provide full reimbursement if a client cancelled their cruise at any time prior to the scheduled departure date due to job loss. Since cancellation of a holiday due to lay-off is becoming more common within the current climate, insurance companies are addressing the issue by including job loss protection within their travel insurance policies. Cruise retail agency CruiseOne has announced the first-ever comprehensive job loss travel insurance policy: CruiseAssurance, which covers travel on all cruise lines for free if a trip were to be cancelled at the last minute due to an unexpected lay-off, while companies like e.Cruises.com are also offering similar travel insurance with job loss protection added on for free. Dwain Wall, general manager of CruiseOne's corporate headquarters in Fort Lauderdale, Florida noted: "In today's environment, it is crucial for businesses to ... show we understand consumer challenges ... Our CruiseAssurance policy takes the concept of job

loss insurance to a new level, easing the concerns of consumers at no charge and on any cruise line of their choice."

Online provider WorldNomads has also created a travel insurance policy that caters specifically to travellers becoming increasingly paranoid about these unstable times. Chris Noble, general manager of WorldNomads, said: "Today, many people are understandably holding back on travel and saving a little more money until our global economy stabilises. We have those travellers covered. Our travel insurance covers trip cancellation, including due to a lost job."

Other travel insurers that already provided job loss protection say the benefits of such cover have traditionally been overlooked by clients, but due to the public fear about job losses, an abundance of companies have now jumped on the bandwagon. Such companies are opting to highlight existing job loss insurance within their policies, to assure clients that they will be protected if this eventuality were to occur. Tom Coiro, vice president of Direct Line Cruises, commented: "Direct Line Cruises has provided free travel insurance coverage to its clients for years, and our policy with Access America ... has always included full coverage in the event of cancellation due to lay-off ... Our clients hardly ever inquired about it until now because of all the gloomy economic forecasts in the news. But, now that everyone is so preoccupied with the economy, we're going to highlight the lay-off benefits on our website."

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EHIC renewal figures cause alarm

The UK's Department of Health is advising holidaymakers to check and renew their European Health Insurance Cards (EHIC) after official figures revealed that over 3.3 million travellers' EHIC cards expired at the end of March 2009, but only 300,000 people had renewed them. The EHIC, which provides country-specific state healthcare in European nations, is used by almost three in five people, according to a recent poll by the Department of Health, but an alarming 68 per cent were unaware when their card expired. Although the EHIC does not cover travellers for all medical eventualities and is limited to basic healthcare, holders of out-of-date cards will have to pay for all medical treatment themselves if they do not have a comprehensive travel insurance policy. Spokesperson for the Department of Health campaign, celebrity television doctor Hilary Smith, said that the EHIC card can give travellers 'peace of

mind' and cautioned: "I'm concerned that so many holidaymakers are needlessly putting their health at risk, when a valid EHIC will provide them with access to reduced cost or even free treatment. If you're travelling to Europe, it is vital that you carry a valid EHIC, as well as comprehensive travel insurance. The last thing you want to be thinking about when you're on holiday is paying unnecessary medical bills, which could cost thousands of pounds." Other research by the Department of Health confirmed that almost half of all British vacationers become ill or injured on holiday, and 35 per cent of these have delayed treatment due to fears about the cost. Dawn Primarolo, health minister, concluded: "UK residents holidaying in Europe [must] carry their EHIC ... to avoid having to pay out unnecessarily for medical costs. Anyone travelling with an expired EHIC is putting themselves at risk."

Expat cover urged

Expatriates in the Middle East have been reminded that they too need to make sure they carry comprehensive travel insurance when they leave the country that they are working in. Shelter Offshore, a website that offers financial information to expatriates, has urged expats not to neglect insurance when they head off for a break. Rhiannon Davies, a spokeswoman for the website, commented: "More expats travel outside their new nation compared to the numbers of their peers who reside back home in their original nation." Davies also highlighted the danger of relying on a health insurance policy, saying: "Depending on where in the world you're living as an expatriate, chances are high that you will have taken out medical insurance, but this policy is probably just domestic and will not cover you if you

travel outside the state or the country in question." Hemant Gupta, regional travel insurance manager for AXA Insurance Gulf, agreed that expats need to consider travel insurance when taking a break from their adopted nation, which happens a great deal in the area: "A large number of the population here are expats and the UAE is a hub both in terms of business and leisure travel." He underlined the vital cover travel insurance will provide, describing a recent case: "We had a claim where we paid around \$200,000 for an emergency airlift from the place of the accident, transfer to the best hospital, a one-month stay in hospital and then the final transfer in a private aircraft to the client's home. We settled the amounts directly with the various medical suppliers overseas without making the client pay upfront."



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Ryanair halts automatic insurance sale

Following insistence from the European Union (EU), Ryanair has now stopped selling travel insurance as an automatic part of purchasing a flight. Before, passengers were required to opt-out (twice) of buying travel insurance as part of their package with the airline, which was in contravention of an EU law that was introduced in November 2008. The airline has criticised the move and indicated that fewer people will travel insured as a result of the change.

Stephen McNamara, a spokesman for the airline, said: "Ryanair carried 58 million passengers last year and our pre-loaded insurance did not cause any problems – passengers who did not want insurance simply opted out. However, to ensure we continue to comply with EU legislation, we have now moved to an opt-in process and advise passengers who frequently use Ryanair travel insurance that they will no longer have insurance cover for their journey if they do not opt-in for cover."

Recession fuels gap cover

According to statistics from American Express, there has been an upturn in the sales of travel insurance for gap-year travellers, indicating that more people are taking extended breaks from job searching to head off on their travels. Figures from American Express show that since August last year, gap-year travel insurance sales to people aged between 30 and 50 years of age have nearly doubled. Lauren McKay, brand manager for travel agent Gap Year for Grownups, also suggested that the reason behind the figures could be the number of people in that age bracket being made redundant, but with some disposable income. In related, albeit conflicting, news, a new study carried out by the UK's Foreign and Commonwealth Office (FCO) has shown that as many as four in ten gap-year travellers fail to take out adequate travel insurance before jetting off on their adventures. In its survey of gap-year travellers, 41 per cent admitted they had not taken out insurance before leaving the UK, and 35 per cent of those polled revealed that they had encountered difficulties abroad. The UK's ambassador to Bolivia, Nigel Baker,

sees many tourists every year who could have been helped by having proper cover in place. He commented: "For many, it's the first overseas trip they take without their parents and they are often actively looking for an exotic adventure that can lead to problems for a small minority. I would advise students – and their parents – to be as prepared as possible by getting travel insurance, budgeting properly and seeking advice from trusted sources."



Stray dogs attack tourist

Amid growing alarm about attacks by stray dogs in Italy, a pack of 20 strays on the island of Sicily have savaged a 24-year-old German tourist who was jogging on the beach. Just days before, what is thought to be the same pack of dogs attacked a 10-year-old local boy, having dragged him off his bike. Local doctors said the young German woman was in a critical condition as a result of the attack, which left her facing the prospect of extensive cosmetic surgery on her face and body after the dogs bit her all over. Christian Ilardi, a rescue official that accompanied the woman on her air ambulance flight to Catania, said: "Her face was particularly disfigured. Her life is in serious danger due to the wounds, which are very deep." After the German woman was mauled on 17 March, police evacuated beaches along southern Sicily and used helicopters to spot the stray animals; around 40 dogs were captured near Ragusa, and authorities also killed two other strays.

Lack of cover revealed

According to a recent survey carried out by UK online insurance comparison website Moneysupermarket.com, one in 12 Britons never takes out travel insurance before heading overseas. Maxine Baker, travel insurance manager at the site, said she is shocked by the number of people who would take holidays to Spain, or even further afield, without first purchasing insurance. She added: "Our research reveals a worrying trend that could lead to horror stories of huge medical bills or worse. We are all looking to cut down our outgoings at the moment, but forgoing travel insurance could be a costly false economy and certainly not something I would recommend as a way to save money." When the survey results were broken down, it was shown that young people are still the most likely to travel without insurance.

Insurance needed for Channel Islands

From the 1 April this year, UK travellers to the Channel Islands – a group of islands in the English Channel off the coast of Normandy that are British Crown dependencies – have been advised to take out adequate travel insurance when venturing to these offshore havens. The move follows the ending of an agreement put in place in 1976 that allowed UK citizens to receive a limited number of medical treatments free of charge when in the islands. The same rules applied for Channel Island visitors to the UK. Even though the old rules didn't cover emergency

dental treatment or even ambulance travel, when they ended on 31 March, it meant that UK travellers heading to either Jersey, Guernsey, Sark, Alderney or Herm had to start paying for medical treatment if they became ill or injured whilst there. Naturally, the rules have also changed for visitors from the Channel Islands to the UK. As the Channel Islands are not members of the European Union, UK travellers cannot use their European Health Insurance Card there. There were just short of 300,000 British visitors to both Jersey and Guernsey in 2007.

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ACE for higher education

The US-based retail operating division of the ACE Group, ACE USA, has announced the introduction of a University Global Travel Program aimed specifically at the higher education communities. The programme will combine academic members' travel insurance plans with education programmes, including university business, sponsored and exchange courses, and will cover usual accident/sickness benefits along with more unconventional benefits such as emergency medical response, war risk and political evacuation. Twenty-four-hour access to global threat assessments is also available through online information tools. According to Frank D'Ancona, vice president of ACE Accident and Health, the programme has been developed as a response to higher education members' 'increased need' to investigate new regions. He stated: "ACE continues to provide innovative insurance products to the changing marketplace and these enhancements respond to the increased need for colleges and universities to provide opportunities for their members to explore new regions and cultures."



Bar raised for AD&D coverage

InsureMyTrip.com has introduced a Travel Accident Plan (TAP) that it says raises the bar on standard Accidental Death and Dismemberment (AD&D) coverage. TAP will act as an 'affordable' tool for protecting individuals and their families and will offer AD&D coverage for a fraction of the 'standard' price, with features including 24-hour coverage, real-time quotes and guaranteed coverage up to \$1 million with no underwriting requirements. The plan is available with no application process and is said to be particularly suitable for travellers



these challenges head-on."

that require unique coverage, for instance, the extreme sports enthusiast. With injuries being the leading cause of preventable death for travellers, according to findings from the World Health Organisation, CEO of InsureMyTrip.com Jim Grace stressed the importance of the plan. He said: "The truth is that needs, concerns and economic realities of the modern traveller have changed significantly from even a year ago [and] our new Travel Accident Plan is a practical and proactive means of helping our customers deal with

Adventure policy for Spanish market

Spanish travel insurance specialist Europea de Seguros has launched a new activity holiday policy to cover a sector that it expects to buck the current overall downturn in tourism. Called Turismo Activo, the policy will be the 'first specific product' of its kind on the Spanish market, according to the company's marketing director Sergio Serecigni. "We think it's a good time, given that more people are practising this type of tourism," he said. "Also, with the [economic] crisis, more [people] are turning away from traditional holidays and looking for more economical alternatives." Europea's research shows an 'active tourism' market that has developed in Spain over the past decade, but that is still lagging behind other European neighbours. The company already included a tailor-made section

in its general travel policy for adventure sports, but the new dedicated policy will enable the company to offer a price scale system based on the degree of risk involved for activities ranging from hiking to organised adventure sports, such as caving, paintball and quad biking. More than two million Spaniards are now estimated to be regularly taking part in some form of activity tourism, usually one that is directly connected with rural tourism trips, according to the company. Around a quarter of prospective clients live in the Madrid region, with the second biggest market being the north eastern region of Catalonia, centred on Barcelona. Europea sees its typical client as being between 25 and 35 with a medium to high income, although the age range is expected to extend upwards as it has in other western countries.

AXA cover for Channel Islands

New agreements introduced by the Department of Health warning Brits that they will no longer be entitled to free medical treatment on the Channel Islands, will not affect people covered under AXA insurance policies. AXA's travel insurance policies have been altered to ensure that all travellers will be covered if they become ill or get injured while holidaying in the Channel Islands. Alison Patrick, head of travel at AXA, reassured: "It is important for consumers and business travellers to be aware of these changes and ensure that they have cover if they are travelling to or from the Channel Islands this year. All customers that have policies underwritten by AXA can feel safe in knowing that should the unfortunate happen while they are away, they will be covered for the cost of medical treatment."



The Turismo Activo policy, which includes medical, ambulance and search and rescue costs, will also cover clients in neighbouring Portugal, Andorra and France, for a period of up to a fortnight.

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Gasamamo introduces travel kiosk

The country's first computerised travel insurance kiosk is now available to use at Malta International Airport, courtesy of Gasamamo Insurance. The kiosk is designed to give travellers who have not purchased insurance the opportunity to do so, right there at the airport. The newly established service will allow people travelling in and out of Malta to take out their own travel insurance from this purpose built computer, using just their debit or credit card. Once a person has selected a travel policy, a printed receipt outlining the

policy details is produced by the kiosk, and full policy details are sent to the customer's email address. Julian Mamo, director at Gasamamo Insurance, believes that the insurance kiosk will 'go down well' with travellers: "We always seek new ways to provide our customers with that extra comfort and peace of mind and this new travel insurance service will definitely go down well with whoever arrives at the airport, all packed up ready to set off for their trip and remembers that he has forgotten to take out travel insurance."

Internet boost for Spain

Last year saw a big surge in Spaniards using the Internet to book their travel, prompting more companies to look at online insurance needs. The increased penetration of the Internet in homes has contributed to near tenfold growth in the sector since 2003 said market analysts DBK. The most popular sites are those run directly by airlines, accounting for around 39 per cent of the total online travel spend at €2.52 billion. Specialist online travel agencies represented 31 per cent, hotels just under 15 per cent, traditional travel agencies nearly seven per cent, and car hire around three per cent. However, the biggest growth last year was in ground transport where sales more than doubled, mainly as a result of the launch of new high-speed train services and greater use of the Web by state rail company Renfe. Despite the overall unfavourable economic situation, which prompted a noticeable downturn in demand for

travel as a whole in the second half of 2008, DBK predicts there are still 'significant opportunities' for companies selling via the Internet that should help maintain 2009 business levels similar to 2008, and to grow them again by around 6.5 per cent in 2010. Among travel agent groups that have moved to set up webpages to handle the increased competition from dedicated online agencies is Unida with its Unsol portal. In March, the group launched its own specific insurance policy, Segurtour, for the site in conjunction with the Grupo Mayo insurance group, 'offering worldwide cover and adapting to all types of holidays,' according to Unsol director general David Rosa. "We have included cross-selling for assistance, accident and cancellation in most of our air and accommodation products, which makes contracting much easier for our agents," he added.



Insurers catch on to climate change

A report by a coalition of American investors and environmental groups has found that insurers are offering more products related to the risks of climate change as they realise the very real dangers presented by global warming. The coalition that produced the report, Ceres, has praised insurers in the US and Europe for the moves they have made towards addressing the dangers of climate change, but said that similar initiatives in Asia have been few and far between.

The report, entitled *From Risk to Opportunity: Insurer responses to climate change*, has identified over 600 products and services that are being offered by over 200 insurers in 29 countries, all of which have been specifically designed to help consumers and

businesses manage their exposure to climate risk. When Ceres last did a similar study in 2007, there were only around half the number of products on offer from a much smaller pool of insurers. President of the coalition Mindy Lubber noted: "Insurance coverage for green buildings, renewable energy, carbon capture and storage and carbon trading are being offered by more insurers than ever before. For the first time, two insurers, Zurich and Liberty Mutual, have introduced directors and officers' coverage specifically tailored to address liability risks associated with climate change." In particular, the report by Ceres has shown that insurance activity is prevalent in climate science and analysis, creating new products and carbon

risk management; lower rates of growth of insurance are found in loss prevention and direct investment in climate-friendly industries. As examples, the report states: "There has been relatively minor activity in the travel, warranty, industrial, business interruption, inland marine, workers compensation, crop, professional liability and commercial auto insurance markets, with much left to be done in these segments."



Cull in the City

Several large insurers have recently announced a raft of job cuts, showing once again that although the market has a certain resilience to the recession, it cannot escape the knock-on effects. Aviva, Britain's largest life insurer by market share, announced plans to cut 1,100 jobs in the UK – although some of the job cuts would have come anyway as they form the final part of a three-year re-structure plan. In a statement, Aviva said it was expecting around 800 full-time employees at its Norwich Union business to quit, and it plans to achieve the rest of the job reductions by closing vacancies – it will be closing 590 contract positions 'over the next few months'. Mark Hodges, Norwich Union Life chief executive, commented: "Making decisions that affect our people is always difficult and we are fully committed to doing everything we possibly can to minimise the number of compulsory redundancies."

Derek Simpson, joint general secretary of workers' union Unite, criticised the cuts made by Aviva, saying they would 'cause alarm across the insurance industry'. He then added: "It is unacceptable that once again shareholders received their full dividends, while the workers who brought the company success are rewarded with job losses."

Aviva's announcement came hot on the heels of a similar statement from Legal & General, which said it was halving its dividend and planning to cut its workforce by around 10 per cent at its life and pensions business.

Elsewhere, all is not well at Swiss Re, where plans are afoot to cut around 10 per cent of its 11,560 global staff over the coming year. Although the company was coy about giving details, the indications are that some offices could close in order to streamline operations. In a statement, the group said: "Swiss Re will operate through offices that are solely dedicated to servicing clients and will further consolidate support resources into fewer locations in order to achieve economies of scale."



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Middle Eastern survival

Clear signs are emerging from the Middle East that the region is doing very well in terms of insurance, even as the rest of the world struggles on in the face of recession. Indications from companies show that they are not merely surviving, but thriving, in the midst of a global credit crunch.

Salama-Islamic Arab Insurance Co. recently announced a 42-per-cent increase in its gross written premium for 2008 to AED1.3 billion (US\$353 million), and also saw its underwriting income increase by 39 per cent to AED164 million. Rafiq Halani, general manager of general and health takaful, noted: "We have achieved strong performance because of our prudent investment policies, corrective measures on a timely basis and presence in strategic markets, which are not exposed to the economic crisis. Our strategy focuses on building the takaful and re-takaful business portfolio and improving our written premium and underwriting standards." Meanwhile, AXA Gulf has reported a 58-per-cent rise in gross premiums written for 2008, while its net income has increased by 16 per cent to \$33 million. Jean-Louis Laurent Josi, CEO of AXA Gulf, commented: "Thanks to our 2008 results, AXA Gulf started 2009 with a solid and sound balance sheet and a robust solvency. It



is supported by the fact that [the company] is well diversified in the region, not only from a geographical point of view, but also from its product offering."

Takaful sector shows strength

Dr Saleh Malaikah, chairman of Best Re, has said that despite the economic downturn, the Islamic financial system remains strong, and takaful is predicted to continue growing at an impressive rate over the next two years, even if the growth witnessed in the past few years has been much higher. Dr Malaikah forecast that the industry would grow at around 17 per cent a year in the next two to three years, when speaking at the fourth Asian Takaful Conference in Singapore. In his keynote speech to the conference, Dr Malaikah emphasised that regional growth was where the strength of the industry lies, with great potential still remaining in the Middle East and Asia. In particular, he highlighted Southeast Asia, which he believes is better placed for growth due to a more conventional insurance market where the possibilities for takaful are greater. He predicted that Malaysia would see the strongest growth, followed by Indonesia, while in the Middle East, Saudi Arabia is expected to stand out from its counterparts as the most successful takaful country. With only a nod to the effects of the global recession, Malaikah told delegates that he did not foresee any major failures happening in the takaful sector, although there are concerns about the impact the recession will have on results for 2009.



NEWSWIRE

Net premium revenue for the Australian general insurance industry rose by 4.4 per cent to AU\$23.4 billion in the year ended 31 December 2008, even as the financial crisis began to hit hard. However, the total industry after-tax net profit for the year was \$2.2 billion.

Bank of China is to acquire a stake in the insurance joint venture, Heng Standard Life, according to reports in Beijing. The life insurer is 50-50 owned by UK-based Standard Life and Tianjin-based Teda Investment Holding.

HSBC Holdings expects its life insurance business in Taiwan to be profitable in 12 months, according to CEO Nick Winsor.

RSA Group has entered into a sale and purchase agreement with Direct Insurance Financial Investments to acquire DIFI's 50-per-cent holding in Intouch Insurance Group BV, for €70 million in cash.

Standard & Poor's lowered its long-term counterparty credit and insurer financial strength ratings on the core entities of Generali Group to 'AA-' from 'AA', also revising its outlooks from negative to stable.

Fortis Insurance has reported a full year net profit of operating insurance activities of €6 million, including a €639 million negative impact from its investment portfolio.

Dubai-based National General Insurance achieved a 26-per-cent increase in the gross premium income to AED365 million in 2008, while underwriting profit rose 54 per cent to reach AED66 million.

Allied World Insurance Company Holdings has opened a branch office in Hong Kong, which is its first establishment in Asia. Offerings include a variety of primary and excess professional lines and general casualty products, as well as accident and health insurance.

Marsh has been appointed by the UKA, the national governing body for athletics in the UK, to manage the organisation's insurance and risk programmes. Marsh is currently reviewing the organisation's key risks to develop suitable policies.

Standard & Poor's has cut the financial strength ratings of Aegon, ING and Zurich Financial Services, and has affirmed the ratings of Allianz and AXA as part of a review of seven large European insurers.

Three Japanese life insurance units, under the umbrella of stricken US insurer AIG, have increased their capital by a combined ¥81.9 billion (US\$829 million) to deal with appraisal losses of securities.

The Mitsui Sumitomo Insurance Group has started operations in Vietnam, becoming the first Japanese insurer to open for business as a wholly owned unit in the Southeast Asian country.

Profits halved at Lloyd's

Despite its conservative investment strategy, Lloyd's of London has not escaped the effects of the recession in the UK, and a bad year for hurricanes in 2008 has added to member's woes. Lloyd's has reported a pre-tax profit for 2008 of £1.9 billion – down by more than a half from 2007, when pre-tax profits reached £3.85 billion. Lord Levene, chairman of Lloyd's, said that 'amid an unprecedented slump in the world economy,' the insurance market generally remains in 'good shape'. He continued: "The market has inevitably been impacted by significant claims from natural catastrophes, lower insurance rates and a reduction in investment income, but this has been partially offset by currency movements and prior year surpluses." Profits made from investments halved, but remained nonetheless in positive territory – no mean feat when the value of many stock markets around the world fell by more than a quarter. A statement from Lloyd's emphasised that since the late 1990s, the insurance market has reduced its exposure to financial institutions since it paid out billions of pounds in claims related to events such as the Enron and Worldcom scandals. Finance director Luke Savage commented: "If last time it cost us billions of pounds, this time round we expect it to be

hundreds of millions rather than billions." Chief executive Richard Ward agreed that although he was still receiving claims related to the credit crunch, he had not seen a 'significant shift' upwards in the number of claims. He confirmed that Lloyd's did not provide cover to Bernard Madoff or Sir Allen Stanford directly, but admitted that it could be exposed indirectly through policies it wrote to protect directors of companies caught up in the scandals. On a more positive note, Ward said he has seen evidence that premium rates have been increasing in recent weeks, although these rate rises have



been confined to the reinsurance industry for the time being. He added: "We are seeing a hardening environment, but we are looking at single-digit rate increases rather than double."

Trade bodies welcome guidance

The British Insurance Brokers' Association (BIBA), London & International Insurance Brokers' Association (LIIBA), Institute of Insurance Brokers (IIB) and the Association of British Insurers (ABI) have all welcomed the announcement by the UK's Financial Services Authority (FSA) that it has formally confirmed 'Industry Guidance' status on the market solution, in respect of conflicts of interest, disclosure and transparency in the commercial insurance sector for intermediaries. Eric Galbraith, chief executive of BIBA, noted: "Our members have repeatedly told us that the FSA's concerns could be addressed by means of an industry solution. I am therefore delighted that the significant expenditure of time and effort by BIBA's compliance team, the other associations

and our members has resulted in formal Industry Guidance accreditation." While David Hough, chief executive of LIIBA,



commented: "We welcome the FSA's confirmation of guidance designed to help intermediaries to provide clear information to the commercial customers about their capacity, the services being provided and their remuneration. The industry stands to benefit from commercial customers having a clearer understanding of the range of services intermediaries provide and knowing how they are remunerated." Nick Starling of the ABI agreed that clarity is key to the industry's continued success: "Transparency about the levels of commission earned by intermediaries, the nature of the service they provide and the relationship they have with insurers is needed to ensure that commercial customers are able to make an informed decision about which insurance products are most appropriate to their needs."

Distribution biggest challenge in India

According to the latest *Insurance Banana Skins* survey released by PricewaterhouseCoopers (PwC), life insurers in India regard managing sales and distribution networks as the biggest challenge they face, whereas many other insurers outside India see falling investment returns as the main problem facing the industry. It also seemed to emerge from the survey that Indian insurers are, for the most part, less concerned than the rest of the world about the impact of the global financial crisis on the insurance sector. The top worries, in fact, for Indian insurers, are: retail sales practices and managing costs, followed by equity markets, investment performance and capital availability. Anish Amin, PwC's India leader for insurance, commented on the findings of the survey: "The striking contrast in the responses received from Indian insurers clearly indicates the efficacy of regulatory and management controls over investment activity in India. As a result, Indian insurers, being relatively sheltered from the global financial crisis, are perceived as more focused on business and management issues concerning distribution and profitability rather than investment



performance." Elsewhere in India, health insurers have been given a boost by the Insurance Regulatory and Development Authority, which is providing a one-off concession that allows them to set aside a lower amount of capital for unexpired risks. Previously, non-life insurers were required to set aside half the premiums they receive on policies that run into the next financial year as reserves for those risks that had yet to expire. Under the terms of the new rule, though, IRDA has proposed the 1/365 method for the calculation of reserves for unexpected risks for health insurers, allowing for pro-rata reserving and enabling insurers to set aside less money. Sheeraj Deshpande, head of health insurance at Bajaj Allianz

General Insurance, commented on the move: "With this, IRDA is allowing a one-time concession to companies which have not achieved minimum volumes from having to lock in additional reserves even when the business is not there." Any additional profit that results at the end of the financial year will be put back into the company, not distributed as dividends.

Zurich to acquire AIG's US motor group

Zurich Financial Services Group (Zurich) has announced that its subsidiary Farmers Group, Inc. has entered into an agreement under which it will acquire 100 per cent of AIG's US Personal Auto Group, thus making the Farmers Exchanges the third largest traditional direct writer of insurance in the US. As part of the transaction, Farmers Group, Inc. will immediately sell the portion of the acquired businesses to the Farmers Exchanges, which Zurich manages but does not own. James Schiro, CEO of Zurich, commented on the deal: "The expansion of the US personal lines capabilities of Farmers has always been one of our strategic priorities. It reduces the overall volatility of our portfolio of businesses, while continuing our focus on profitable growth through



James Schiro

customer, product and distribution excellence. Robert Woudstra, CEO of Farmers Group, Inc. said: "This transaction is a further milestone on our path to achieve our strategic goals for 2010, while positioning Farmers as the fastest growing personal and small business insurer in America. Now, in addition to a powerful and productive agency force, Farmers will also have one of the most successful direct distribution platforms within one of the fastest growing distribution channels in the US."



Robert Woudstra

Under the terms of the agreement, Zurich will acquire AIG's Personal Auto Group, which includes 21st Century Insurance and Agency Auto. In 2008, gross written premiums for the Auto Group totalled around \$3.6 billion.

Foreign insurers must report problems

The insurance regulatory body in Taiwan, the Financial Supervisory Commission (FSC), has announced that foreign insurers operating in the country must report any financial problems that their overseas parent companies experience as soon as they occur. A statement from the regulator reads: "If a foreign insurance company operating in Taiwan has a parent corporation in another country that has suffered losses, rating reductions or any incidents that would affect the company's ability to repay debts, the company must report it to the FSC within two days." In addition, the insurer in question would be expected to disclose such

information to the public, whether directly through its website or through news conferences.



Recession fuels fraudulent claims

The Association of British Insurers (ABI) has reported that its members are experiencing record levels of fraudulent insurance claims during the recession – figures released recently show that around 2,000 false claims are being detected every week, which would be worth £14 million if they were paid. The ABI also commissioned a survey asking the public what their feelings were about deceiving insurance companies and found that of the 3,000 people



surveyed, one in five admitted that they would consider making a fraudulent claim in the future. Figures from insurance companies that are members of the ABI are quite damning: in 2008, 107,000 fraudulent insurance claims were exposed, which is a rise of 17 per cent year-on-year. The value of the claims also increased substantially – a rise of 30 per cent brought the value of such claims to £730 million. When broken down, the figures show that the most common dishonest claims were on home insurance policies, with 55,000 exaggerated claims recognised. In terms of value, however, the most expensive fraudulent claims stemmed from motor insurance policies, with companies saving themselves £360 million by identifying and not paying out on false claims. In 2008, if taken by value, four per cent of all claims were fraudulent, compared to three per cent

in 2007.

Nick Starling, director of general insurance and health for the ABI, said of the findings: "Fraud thrives in a recession, so insurers are intensifying their crackdown on insurance cheats. Fraud adds an extra £40 a year to the average premium, which is why the harder we make it for the cheats, the more competitive premiums will be for honest customers." In related news, specialist insurer Hiscox has claimed

that the rising tide of large scale job cuts in the financial services sector could lead to an increase in white collar-related extortion crimes. The insurer cited figures from a report by the Organisation for Economic Development and Co-operation that indicate some developed nations will see unemployment rates of around 10 per cent, adding that crime figures exacerbated by the economic situation will not solely be limited to fraud and theft – examples are clear, as shown by recent actions by workers in France, who have held their superiors hostage in what has become known as 'boss napping'. Another danger for financial services firms, in particular, relate to their dependence on computer software and the possibility that a malicious former employee will utilise their knowledge of the system in order to corrupt it.



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Terror cover cost up 20 per cent

Asia Insurance Review has reported that Indian insurers that offer cover against acts of terrorism have increased the premiums they charge by between 20 and 30 per cent, as a direct result of the depletion of the common terror insurance pool that followed the attacks in Mumbai last November. The decision to increase premiums was approved by the Insurance Regulatory and Development Authority (IRDA), according to Yogesh Lohiya, chairman and managing director of GIC Re, which manages the pool. Lohiya has said he expects a direct outgoing of around Rs4 billion for payments relating to the terror attacks in Mumbai. In order to replenish stocks, GIC is to increase its rates on certain risks by around 36 per cent –

the increases are mainly related to industrial and warehouse risks, and Lohiya said he hopes to replace between 30 and 40 per cent of the amount that was paid out for the recent terror attacks. A complete and whole assessment of the claims from the bombs and carnage has yet to be finalised, although industry experts have estimated the final sum to be around Rs5 billion – around Rs1.5 billion could be recovered from foreign reinsurers, but the rest will all come from the terrorism pool. The pool received contributions from all general insurers and provides cover for property loss or damage and business interruption claims that arise from a terrorist activity.

Vietnamese sector growth

The Vietnam Insurance Association (VIA) has released figures that show the country's life insurance sector saw its total premium income increase by nearly 10 per cent to over 10 trillion dong in 2008. In terms of revenue, Prudential was the top life insurer with 4.2 trillion dong, followed by Bao Viet with 3.4 trillion dong, while Manulife came in third place with over 1 trillion dong. Growth prospects in the country remain strong, with the VIA forecasting that premiums would increase by between eight and 10 per cent over the course of 2009.

With Vietnam maintaining healthy growth in the insurance industry when many other countries around it are losing theirs, several new players are being attracted into the Vietnamese insurance industry – the most recent is Korea Life Insurance, which launched operations in the country in April. Its local unit, named Korean Life Insurance Vietnam, has already established three branches in Ho Chi Minh City and Hanoi, showing the confidence the

company has in its move. Shin Eun-chul, CEO and vice chairman of Korea Life Insurance, commented on his company's reasons for venturing into Vietnam: "The insurance industry in Vietnam has recorded over 10-per-cent growth each year. The market has huge growth potential, with the population aged under 30 making 60 per cent of the total."



Tata AIG confident

In an interview with India's *Economic Times*, Tata AIG General Insurance CEO and managing director Gaurav Garg seems confident that 2009 will bring good results for the company. He also was dismissive of concerns that the crisis American International Group (AIG) is experiencing in the US will have ripple effects for its other businesses elsewhere. Leaving no room for doubt, Garg told the newspaper: "The AIG issue will not really impact Tata AIG General Insurance in India. Ours is a JV company, with a 74-per-cent majority stake being owned by Tata Sons, so we don't see any material impact on our business, even in the long term." He did admit that the company has not been immune to the wider effects of the global financial crisis, saying the effects had been felt in five main areas of business: motor, travel, marine, project, IPO and M&A insurance. Fifty per cent of net premium paid for motor insurance in India goes to Tata AIG, and it forms 30 per cent of the firm's portfolio, but with car sales dropping heavily, the car insurance business has fallen in value. With regards to travel insurance, where Tata AIG has a market-leading position, the business has been affected as corporate travel has declined. When asked about what the next year holds for the company, Garg said: "After 1 April, when the new reinsurance treaties are in place for all the players, the market will stabilise. In my estimate, private players would, on average, post a double-digit growth next year. The industry will hover around the same range of 10 per cent or may be just shy of 10 per cent next year."



Editorial Comment

Welcome to the 100th issue of *ITIJ* – a commendable milestone I'm sure you'll agree! To celebrate, this issue contains a feature that looks back at how the travel insurance industry has evolved over the (almost) 10 years that we've been producing the magazine, assessing both the elements of the product that have changed over that time, and those that have not. We also delve into the realm of cover for cancer sufferers, with a look at how specialist cancer insurers manage to offer affordable cover to those even with a terminal prognosis – an enlightening read. Furthermore, we're looking forward to the 10th annual ITIC Domestic conference in Oxford, and of course the first ITIC Pacific conference in Thailand in June, but more on that next time. There will be a full round-up of all the major presentations and expert panel sessions in forthcoming issues of *ITIJ*. I was once asked how we manage to produce a monthly travel insurance magazine, and I did stop and momentarily wonder myself, but I think this is an industry that invokes such passion – both positive and negative – and one that is constantly being challenged, reenergised and developed that we are never short of news to report or analysis to carry out. We also bridge a vital gap between all the different sections of the international travel insurance marketplace that find a united voice in *ITIJ*.

Long may this continue!

Sarah Watson
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Resolution stopped in its tracks

Insurance buyout vehicle Resolution has been forced to suspend its ongoing pursuit of insurers after London's Financial Services Authority (FSA) launched an investigation into the organisation's chairman, Clive Cowdery. In a short statement to shareholders, the company said that Cowdery, along with several other senior directors, were to face questioning by the FSA, which refused to comment on the investigation when asked.

Resolution is in fact headed by a former boss at the FSA, John Tiner, who told reporters that the enquiry relates to the takeover battle that saw Resolution's funds bought by rival Pearl in May 2008. A statement made by the firm added that Cowdery and the others were being investigated due to 'certain actions of Resolution plc and of such former directors during the period between October 2007 and May 2008'. According to *The Financial Times*, "The City watchdog's investigation into Clive Cowdery is examining whether there was full disclosure of the financial position of the entrepreneur's original Resolution investment vehicle when he sold £125 million worth of shares in it in December 2007."



Japanese reinsurance rates up

In its *Reinsurance Market Outlook*, Aon Benfield has shown that the cost of reinsuring Japanese catastrophe risks, which dominated the 1 April renewals, is much higher than it was a year ago. The increases in price vary between five and 10 per cent, which the company has attributed to the Japanese yen's appreciation against major currencies, not least of which is the British sterling – since April 2008, the yen has risen in value by nearly 30 per cent. Other companies have also noted the rise in reinsurance rates, with Willis Re executives agreeing that Japanese reinsurance rates had seen increases of between five and 10 per cent this year. Byron Ehrhart, CEO of Benfield Analytics, commented on the findings of the report: "The April reinsurance renewals continued the global trends witnessed in January, with the exception of the significant influence of currency fluctuations, mainly the significant strengthening of the Japanese

yen over major reinsurance market currencies." The report states that in general, reinsurance capacity remains limited for property casualty retrocession, with some programmes not fully covered. Trade credit and bond reinsurance cover is also more difficult to obtain due to the current financial crisis.



Profit chasing in India

The *Business Standard of India* has reported that some private life insurers operating in the country have yet to see a profit in their balance sheets after eight years in business – the global average time it takes for an insurer to break even is between six and seven years. One example cited by the newspaper is ICICI Prudential, which was one of the first companies into the country when the market was liberalised in 2001. The company has reportedly stated that it is aiming to break even within the next 18 months, but did not say how far from breaking even the firm currently is.

The lack of profit has been blamed by some insurers on increased management costs and higher-than-expected attrition rates, while others have cited the capital intensive nature of the life industry. In order to achieve some small growth in premium income, struggling companies have been injecting capital at regular intervals.

Meanwhile, the Indian life insurance industry has reported that the number of new policies issued by insurers dipped 0.1 per cent from April 2008 to February 2009, with data from the Insurance Regulatory and Development Authority (IRDA) showing that Life Insurance Corporation of India (LIC) experienced the steepest drop of six per cent. Despite the fall in the number of policies issued, however, the premiums collected by the life sector increased slightly to Rs720.2 billion from Rs719.7 billion a year earlier. Life insurers operating in the private sector issued 1,714,000 more policies in the 11 months recorded in the study than they had the previous year, while LIC issued nearly 1,800,000 fewer.

Italian damage estimate in

Catastrophe risk modelling firm AIR Worldwide has estimated that insured losses from the earthquake that occurred on 6 April in the Abruzzo region of Italy are likely to range between €200 and €400 million. The estimate includes losses to residential, commercial and industrial buildings and contents, but excludes business interruption losses, which will also be substantial.

Dr Guillermo Franco, senior engineer at AIR, commented: "While damage from this event will likely be between two and three billion euros given the scale of destruction, insured losses will be limited due to the low penetration of earthquake insurance in the region. Damage to commercial

properties will likely drive the insured losses, since a higher proportion of businesses tend to purchase earthquake insurance." The recent earthquake occurred roughly 100 km away from one of a similar strength (around six on the Richter scale) that occurred in 1997 – the damage from that event caused around \$4.5 billion in economic losses, less than two per cent of which was insured. Dr Franco added: "While the geographic extent of the damage was fairly limited to L'Aquila and nearby towns, the severity of the damage within the affected area was very high." Large parts of L'Aquila date from medieval times, and many of the older structures have been 'devastated', according to Franco.



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Fortis fights fraud

Fortis Insurance Limited has signed a five-year agreement with Insurance Services Office (ISO), a provider of personal injury claims evaluation systems and anti-fraud services and solutions, to utilise its ISO Claims Outcome Advisor (COA) solution. The implementation, which follows a six-month pilot by the Fortis Personal Injury claims team, will provide Fortis with a claims evaluation solution that supports its current proactive approach. Claim lifecycles, fair personal injury evaluations, and helping claimants who need to make a claim against the 1.6 million car policies that are currently insured by Fortis continue to be important drivers for the insurer's claims team. According to Datamonitor's 2008 study *Claims Management in UK General Insurance*, Fortis has maintained the lowest ratio of motor claims management cost for four consecutive years, and ISO's COA system will enable it to continue to maintain this position. Management information tools – accessible through the COA Dashboard – aim to give Fortis enhanced visibility of claim lifecycles and settlement values to streamline claims operations and ensure fairness for all claimants. Richard Harris, head of motor claims at Fortis, commented: "After a successful pilot, we found that COA created the right type of support in settling our personal injury claims quickly and fairly for the

benefit of claimants. The availability of high quality management information will enhance our proactive approach to claims management and help us understand how we can work more closely with the claimants' lawyers to improve the claims lifecycle." Joe Pendle, director of client services, ISO, added: "We are constantly working towards fairer settlements and more efficient claims lifecycles, and our COA system fully supports that goal and empowers insurers with the information they need to achieve it. We are also continuing to develop the Personal Injury Claims Assessment System (PICAS), which aims to bring together insurers, solicitors, and medical professionals to make the whole process better for the claimant." ISO recently launched the COA Dashboard, a management reporting enhancement to COA that enables claims handlers to instantly drill down to detailed, up-to-date information and analysis that compares data case by case, by lifecycle, and by region. The graphical dashboard requires no training to use and is a significant addition to ISO's existing management information reporting suite. The new functionality enables companies to manage the claims process quickly and take full advantage of the data held in the COA system to deliver fairer settlements for claimants, while providing greater insight into insurers' claims operations.

Confidence lost in data protection

UK-based DQM Group, a firm specialising in securing data for corporate entities, has warned that its latest research shows a fall in public confidence in the ability of insurance companies to keep personal data safe. The firm had noted that little research had been done into the topic of public levels of trust in relation to the

– the small figure is emphasised when compared to Pitney Bowes' report, in which over 60 per cent of respondents said they would trust an insurer with their data. Officials at DQM have warned that the fall in confidence 'could have a serious impact on business and contribute to customer defection'. DQM's



security of customer data. DQM thus initiated a survey into the issue and has since compared its results with that of fieldwork undertaken by Pitney Bowes last year. According to the results of DQM's study, only 32 per cent of respondents said they trusted the insurance industry to safeguard their personal data

managing director Adrian Gregory added: "These findings highlight the urgent need to improve standards ... in order to start the process of standards improvement, however, organisations need a means of benchmarking their current personal data security standards against an industry and best practice average."

Mixed signs in Japan

Although there have been several indications that the Japanese insurance market would find it difficult to weather the financial storm, there are also some companies that believe the nation's industry will withstand the global pressures. In further signs of the credit crunch affecting Japan's insurers, the industry's life sector has reported that premium income dropped by 2.6 per cent during the last nine months of 2008 to ¥19.51 trillion (US\$198 billion). A spokesman for the Life Insurance Association of Japan has attributed the fall to the general global financial malaise, which has led to knock-on effects for sales



of both individual and group policies. A report by the Association focused on the performance of 44 different insurance companies operating in Japan, and found that sales of new individual insurance and annuity policies declined by 6.5 per cent and 5.7 per cent respectively. However, according to figures from the report, the sales of new group insurance policies rose by 4.6 per cent, bringing in premium income of ¥3.45 trillion. So, despite figures showing the industry is uncertain, US-based Prudential Insurance of America has announced plans to establish a holding company in Japan in May due to the growth of its business in the country. At the moment, Prudential sells life insurance through two units – Prudential Life Insurance (PLI) and Gibraltar Life Insurance (GLI). PLI, which markets its policies primarily in urban areas, is part of the Prudential Group's overseas segment, while GLI, which has its remit mostly in rural Japan, is supervised directly by the parent company's management.



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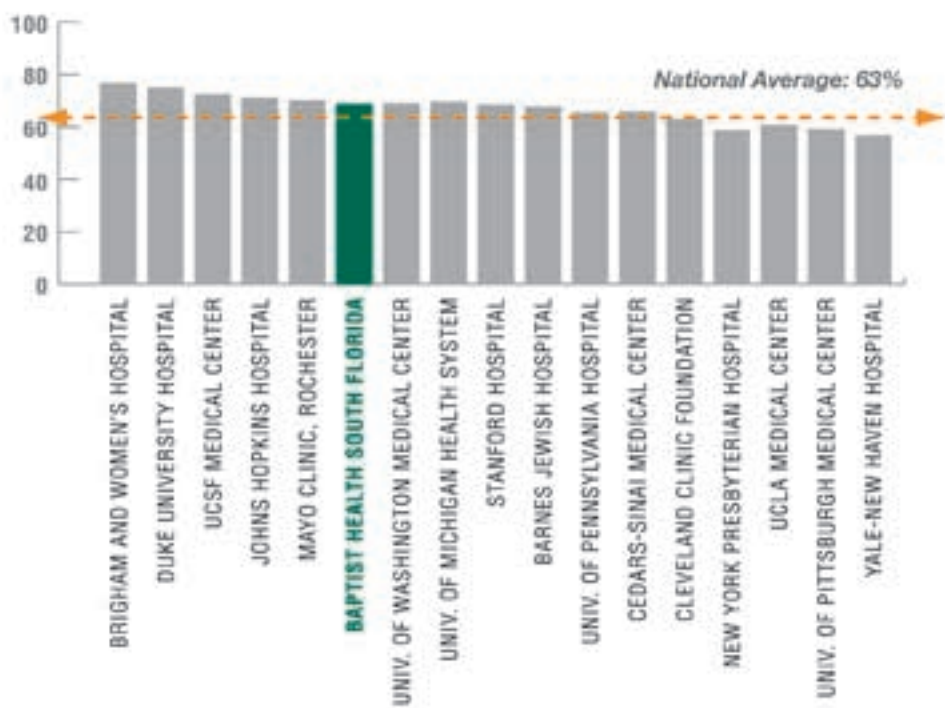


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Passenger numbers drop

The number of passengers using UK airports has dropped sharply as the demand for air travel continues to fall and airlines the world over cut capacity in an effort to remain in the black. BAA, which operates seven UK airports, said it saw 9.4 million passengers travelling in January, which represents a 6.3-per-cent fall from the same period in 2008. The number of flights to and from BAA's airports also dropped, experiencing a fall of over seven per cent on figures from last year. Meanwhile, BMI British Midland, the struggling UK airline that is being taken over by Lufthansa, reported a record loss for 2008. According to *The Financial Times*, the airline made a net loss of £99.7 million in 2008, which is forcing the firm to find further cost

savings of an estimated £40 million. The airline is also said to be cutting its capacity by around 12 per cent over the coming months. Its soon-to-be-purchaser Lufthansa is not immune to the problems, though, and has reported a two-thirds fall in its net profit for 2008. Group net profit dropped by nearly 64 per cent to €599 million, as losses from investments tripled to €427 million. Wolfgang Mayrhuber, chief executive of Lufthansa, predicted that sales and operating profit for 2009 would fall well below the level seen in 2008, but added that results would still be 'distinctly positive'. Cathay Pacific also added to the industry's woes by reporting its biggest annual loss in its 63-year history. When reporting the loss, the airline added

that 2009 would remain 'extremely challenging' as the effects of the financial turmoil continue to be felt in terms of fewer passengers and freight. Christopher Pratt, Cathay Pacific's chairman, said in no uncertain terms: "The aviation industry is in crisis, we cannot say how or when things may get better. Our assumption at this stage is that demand and yield will continue to slide in the coming months." To try and minimise the knock-



on effects of the situation, the airline has already cut capacity, grounded some planes and delayed the construction of a new cargo terminal, as well as offering its staff unpaid leave.

Corporate slashes on travel

A range of studies have revealed a dramatic decrease in business travel expenditure for 2009, as employers seek ways to reduce costs in the current economic climate. The studies were conducted by the Chartered Institute of Personnel and Development (CIPD), consultants KPMG, the Association of Corporate Travel Executives (ACTE) and the Amadeus Hospitality Group, and have cohesively shown that business travellers will be making fewer, shorter and cheaper corporate trips this year. Reductions are most likely to be steeper in the private sector, and will call for an increased use of public transport, downgrading to more basic hotels, and the cutting of staff expenses.

A study of 900 employers by CIPD and KPMG reported that 38 per cent of organisations were making reductions in business travel costs, with 60 per cent reducing international trips. In turn, the ACTE 2009 Business Travel Spend Survey found a massive 71 per cent of US corporates would be spending less on travel this year. ACTE executive director Susan Gurley believes the effect of the recession on consumer confidence has had a direct impact on business travel. She said: "The continued drop of ... consumer confidence has a profoundly negative effect on demand, which causes ... a slump in manufacturing, which in turn creates a slowdown in global commerce. This has a massive trickle-down effect on business travel ... there are literally thousands of business travellers now removed from business circulation."

Her views were supported by Tim Payne, head of resources at KPMG, who commented: "It's no surprise that organisations are reining back on non-essential [travel] spending and scrutinising their policies carefully. What is important is that policy changes are made sensitively and in a way that preserves good will."

Electronic travel alternatives remain the primary solution to these cut backs, with almost two-thirds of employers surveyed by CIPD and KPMG and 50 per cent of US corporates surveyed by ACTE, opting for tele/videoconferencing to save on unnecessary travel expenses.

Forty-seven per cent of executives surveyed by the *Economist Intelligence Unit Study*, as commissioned by the Amadeus Hospitality Group, were also found to be making fewer trips in comparison to last year. According to the survey, current economic pressures have led to a change in the expectations of business travellers who are caring less about extras. Antoine Medawar, managing director of the Amadeus Hospitality Business Group concluded: "We are entering an age of visible austerity with regards to business travel ... executives are anxious to make business trips as productive as possible ... forget gyms and restaurants; instead concentrate on effective check-in and check-out and Internet access."

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Singapore to boost tourism

Singapore's Tourism Board (STB) has launched a £42-million Building on Opportunities to Strengthen Tourism (BOOST) campaign, which it hopes will encourage travel to the country. The BOOST initiative will involve tactical marketing campaigns, including a year-long '2009 Reasons to Enjoy Singapore' promotional scheme, to increase tourism within the country.

STB will work in collaboration with tourism markets in the UK, Germany, Australia, Indonesia, Malaysia, China, India and Vietnam to generate the most effective marketing campaigns. The UK remains at the forefront as the most significant European source market for Singapore, bringing approximately 493,000 visitors to the destination last year.

Following this success, 2009 will see the UK drive Singapore as a 'must-see' stopover destination, allowing STB to partner with operators such as Travel 2 and Trailfinders on a range of print and multimedia campaigns. Divya Panickar, STB's area director for northern and western Europe, is pleased to be launching BOOST in the UK market following its success in 2008. Panickar said: "We are really excited to launch this campaign in the UK market, [which] held up well under difficult circumstances in 2008, and this campaign will help us to maintain our visitor arrival levels in what appears to be a challenging year for the industry."

Thailand drops visa fees

In another effort to lure tourists to Thailand, the country has decided to drop its visa fees for tourists for the next three months. At the moment, it provides visas on arrival to people from 20 countries for stays not exceeding 15 days, while travellers from a further 42 countries are allowed to stay visa-free for up to 30 days.

Abhisit Vejjajiva, Prime Minister, announced his intention to drop the fees while visiting London, and has taken a personal interest in efforts to revive the tourism industry and offset the impact of the global financial crisis. Phornsiri Manoharn, governor of the Tourism Authority of Thailand, said: "The support we are getting from the highest levels of the Royal Thai government is a clear indication that Thai travel and tourism is back to business, with excellent deals and marketing support for our friends in the travel trade. Thailand is, and continues to be, a wonderful diverse tourism destination with great beaches, food, spas, hotels, nature, sports and smiles."

Warnings for tourists

The French government has warned that tourists should take particular care when visiting some of the most popular destinations in India such as the beaches of Goa where, despite measures by local police, visitors are finding themselves in more frequent trouble. Local newspapers have reported that on several occasions in recent months, tourists travelling on trains in north-eastern India, in particular on trains departing from or heading to Benares, have been drugged and robbed. In many of the cases, the travellers had accepted food or drink that had been offered to them by strangers.

In addition, the French government has warned its citizens that they should not travel to several regions in Yemen, due to a series of foreign kidnappings that have taken place over the last several months. Visitors have been advised not to travel to Al-Jawf, Hadramout and the governorates of Saadah, Mareb and Shabwah, Adyan and Lahej.

Carnival feels the pinch

The world's largest cruise ship operator, Carnival, has demonstrated that it too cannot ignore the global financial malaise: it has cut its full-year outlook and is offering large discounts to customers in order to fill its ships to capacity. Chief executive of the cruise line Mickey Arison said that while several of the group's ships were receiving record booking numbers, the only reason these were being achieved is due to the sharp drop in price. He said: "As we had anticipated, people continue to book cruise vacations while seeking the best possible values. Though pricing is down significantly, we continue to fill our ships by reaching people who might not have otherwise considered a cruise vacation."



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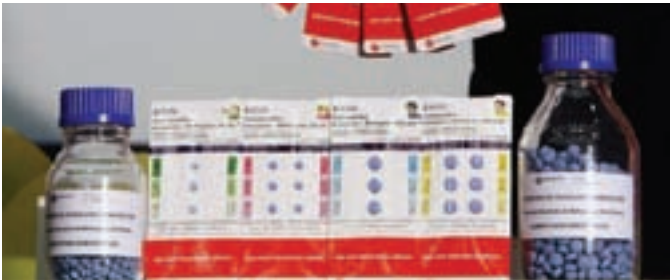
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Medicare International offers advice

Medicare International, a provider of international health insurance products to both expatriates and local nationals, has offered constructive advice to consumers about the dangers of malaria when travelling. Malaria is a disease still common in many parts of the world, although it tends to be found more in rural areas than major cities, where steps are taken to reduce breeding grounds of the mosquitoes. According to Medicare International, around 40 per cent of the world's population are at risk from malaria infection, and of these, more than 500 million will become seriously ill as a result. Over one million people still die of the disease every year. The insurer asserts that expatriates and businesspeople

travelling from malaria-free regions to hotspots where the problem is serious are particularly vulnerable to contracting the disease thanks to their naturally low immunity. For pregnant women, the risk is even higher, as the illness that occurs as the result of the infection can lead to miscarriage and maternal death. Malaria transmission rates differ depending on many factors, including local geographical concerns such as rainfall patters, the proximity of mosquito breeding sites and the specific species of mosquito in the area, therefore travellers should check the situation in their locality before they arrive. Basic precautions travellers should take, according to Medicare, include using a bed net and wearing long-sleeved clothing – they are

also told that old wives' tales such as eating garlic, taking vitamin B or using ultrasound devices will not prevent bites from mosquitoes. The company also recommends that travellers take anti-malaria tablets before going. David Pryor, senior executive director of Medicare International, commented: "Malaria is still virulent in many parts of the world, although many governments and charitable organisations such as The Bill and Melinda Gates Foundation are working hard to reduce the number of deaths from malaria in Africa. In the meantime, travellers should be cautious and aware of the dangers of this sometimes fatal disease."



Communication is key

A new report by the School of Biological Sciences and the Department of Computer Science at Royal Holloway, University of London, has found that if people change their behaviour in response to the presence of an infectious disease, it could substantially reduce the number of people falling ill, or even stop the outbreak in its tracks. As the report points out, many people learn of a disease outbreak through contact with others – one example being how quickly the news spread of the SARS outbreak in China, where hundreds of millions of text messages were sent warning family and friends of the danger. The report, entitled *Proceedings of the National Academy of Sciences* of the USA, describes a mathematical model for the spread of awareness of disease through word of mouth. The model shows that as the information about an outbreak moves through the population, the quality of such information is diminished. The more hands the information passes through, the less clear it becomes. Vincent Jansen, professor of mathematical biology at Royal Holloway, further explained the theory: "You may have heard of a disease outbreak in the news, but you are much more likely to do something about it if someone in your circle of acquaintance is actually ill." A study that formed part of the report found that the spread of information about an outbreak can be clearly linked to reducing the impact the disease has on a population. "Moreover," states the report, "if individuals react swiftly to a disease that itself does not spread too rapidly, aware individuals can form a protective cordon around the outbreak and subsequently bring it to a complete stop." Lead author of the study Sebastian Funk added: "This kind of locally initiated, informal spread of awareness may play an important role in containing an epidemic, even when no official guidelines have been issued. We have to take into account the way people respond to a disease if we are to effectively understand and control outbreaks."

Malaria model evolves

Researchers in Australia have developed a model that can predict malaria outbreaks by tracking the whereabouts of the mosquito population, based mostly on tide and rainfall patterns in the local area. The scientists, based in Adelaide, now claim that they can gauge the largest population peaks of the little bugs up to two months ahead. Associate Professor Corey Bradshaw said the discovery could help to fight against other mosquito-borne diseases as well, such as dengue and Ross River fever, by stopping the problem before it starts. He continued: "The risk of disease transmission is highest when mosquitoes are at their most abundant. This model is a tool that helps predict when there is going to be a higher-than-average outbreak so that population control efforts can be implemented when they are going to be most effective and are most needed." The researchers analysed 15 years worth of population data of *Aedes vigilax*, the northern Australian mosquito that transmits the Ross River and Barmah Forest viruses and compared the data with the environmental factors mentioned earlier. Associate Professor Bradshaw commented: "We found that basic environmental monitoring data can be coupled with relatively simple population models to assist in predicting the timing and magnitude of mosquito peaks, which lead to disease outbreaks in human populations."

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Medical escorts on commercial flights

“Hours of Boredom, moments of terror.”
David M. Gaba MD

Dr Thomas Buchsein of FAI has examined the virtues of a properly trained medical escort – from flight physiology skills to an excellent bedside manner – and the value that such a member of staff could offer an assistance company

Less noticed compared to the shiny executive jet world of air ambulances with its flying ITUs and spectacular rescue missions, everyday dozens of ill or injured tourists are heading back to their home countries – onboard scheduled commercial flights, on reclining seats in business class or on special litters. Before accepting a ‘patient’ as a ‘passenger’, most airlines want to satisfy themselves (using the IATA based MEDIF-form), that such patients are 1) in stable medical condition, 2) will not cause



her uninvited audience. The nurse can not rely on the support of ‘her’ flight doctor, and in case of complications that exceed an individual’s range of competence, the only choice is then to resort to asking the cabin crew for a doctor call-out or make use of a medical hotline consultation, if available.

Quick thinking

By their nature, all medical emergencies are time-critical, event-driven and often medically complex – and a critical deterioration of a patient in-flight calls for even more: here the nurse is also subject to complex communication and interaction with the cabin and flight deck crew and the airlines’ legitimate primary intention to maintain flight safety and comfort for all passengers. Nurses must be able to access their medical skills under stress and in the confined space of an aircraft cabin. They also have to align their actions with the medical guidelines of the cabin attendants and observe the requirements and restrictions of a commercial flight. Finally, nurses need to be inventive and autonomous, self-confident and reserved, communicative and discrete – all this well balanced and often simultaneously. ‘Squaring the Circle?’ – No – combining all these attributes is possible but it doesn’t come free. It’s the result of handpicking the right people, giving them excellent training and paying them well. Training (if possible simulator training) should include: medical emergency techniques in confined space with limited equipment, basic flight physiology, rules and regulations of civil aviation and a basic aircraft evacuation drill, but also ‘soft skills’ such as communication and co-operation with the cabin crew and team resource management. A tutorial patient flight before the first mission and if possible one ACM (additional crew member) flight to round up the theory should also be included. In summary: It is a popular fallacy that airlines are in any way obliged to fly patients. They are free in their choice of passengers and in times of tight budgets, extremely short turn-around times and maximum competition, their co-operativeness is crumbling and reputable airlines like BA have already stopped stretcher operations. By choosing the right patients for commercial flights and by investing in highly qualified medical escort staff, its in the insurance/assistance industries’ own hands to preserve, for future times, the valuable tool of patient repatriation on commercial flights.

Dr Thomas Buchsein

graduated from Munich Technical University Medical School in 1982, and during the following years obtained specialist qualifications in internal medicine, intensive care, emergency medicine and aviation medicine. From the mid-eighties on, his professional focus shifted increasingly to emergency and transport medicine. Starting with Europe’s first civilian rescue helicopter, followed by fixed-wing patient transports for ADAC and the German Red Cross, he has completed thousands of missions by air, both fixed-wing and rotary. He was appointed medical director of FAI rent-a-jet, Nuremberg, Germany in 2005.



discomfort to fellow passengers and 3) are escorted by a qualified medical person: be they a nurse, paramedic or doctor.

Let us focus on these medical escorts today: who are they, what is their role, how should they be trained?

Cost vs Quality

From the assurance/assistance industries perspective, medical escort services on commercial flights offer a most cost saving alternative to air ambulance services for the medically stable patient (e.g.: €15,000 for a stretcher flight from Caracas to Frankfurt, compared to min. €75,000 for an air ambulance).

Unfortunately, a company’s legitimate intention to save money sometimes extends to its attitude towards choosing and educating medical escort staff, whereas air ambulance operators must feel obliged to see that their medical escorts are well trained and qualified in order to comply with their internal QA standards and external accreditation criteria (EURAMI, CAMTS).

Assistance companies, however, are not usually subject to such control tools and thus are not too enthusiastic about spending money on ongoing medical crew training; and they become even less enthusiastic if its about expensive training sessions in a simulator unit and if such nurses are self-employed sub-contractors who are free to move between rival companies, as was pointed out in *ITJ*’s recent *Air Ambulance* supplement in an article about the unquestionable benefits of simulator training. It is undeniable, though, that escorting patients on commercial flights is a very demanding and responsible activity and the aptitude for this kind of job should not be defined by medical qualifications only.

As everywhere – the wheat separates from the chaff when things start to go sour! Unlike in the secluded environment of a dedicated air ambulance, the escort nurse on a commercial flight is acting in public, with cabin attendants and passengers being

Emergency care provision questioned

The death of British actress Natasha Richardson following a skiing accident in Quebec, Canada, where she hit her head and sustained brain injuries, has prompted several questions, not least of which is: would she have survived if she had been taken to Montreal by air ambulance helicopter, rather than by road? Quebec is currently the only state in Canada that does not have a helicopter air ambulance on call. The debate over air ambulance provision in the state re-emerged following the death of the actress, who fell on a beginner’s slope and hit her head, but refused medical treatment, despite the urges of her instructor. A couple of hours after the accident, her condition worsened and she was taken to a hospital around 40 minutes away by ground ambulance. A paramedic who accompanied the patient said she was ‘verbal’ – responding but drifting in and out of consciousness, and her orientation was minimal. After being stabilised in the Sainte Agathe hospital for around an hour and a half, Richardson was transferred to the Sacre Coeur hospital in Montreal, again by ground ambulance – the journey took around an hour by road, but would have only been 15 minutes by helicopter. In total, from the moment she fell to the time she arrived in Montreal, seven hours had passed. She was then flown by air ambulance to Lenox Hill hospital in New York, where she died a day later.

Following her death, public calls for an emergency air ambulance in Quebec were quick to follow, and outrage over the lack of such equipment reached new heights.

Dr Michael Churchill-Smith of Skyservice Air Ambulance based in the state wrote an open letter to a local newspaper calling for some calm and examination of the situation to see what could be learned and improved upon. He stated that studies carried out in Canada in the mid-nineties to assess the value of HEMS operations

to rural areas found such operations to be beneficial and able to pay for themselves. The results of the studies were given, said Churchill-Smith, to the Canadian government at various intervals over the next 10 years, but the proposals contained within them were never acted on. According to some, the reasons for this were financial. Daniel LeFrançois, director of Quebec’s pre-hospital care, pointed out that the provincial death rate in Quebec stands at eight per cent – lower than the Canadian average – and that is without HEMS on call. LeFrançois then dismissed allegations that it was the lack of air ambulance that meant Richardson died – he attributed the death to her refusal of treatment at the ski resort, which led to a serious delay in care. Quebec’s chief co-ordinator of air ambulance services, André Lizotte, has weighed into the debate, saying that the provincial government does now want to put a new HEMS service in plans to provide

quicker transport of trauma patients, and that the government is looking into building a helipad at Montreal General Hospital and providing a helicopter for emergency medical transfers.

See also *ITJ*’s News Analysis feature on p.24, **Ski safety: should helmets be mandatory?**



Actress Natasha Richardson pictured with husband Liam Neeson in 2008
Khedara Ariyaratne

AAMS report

In March, the Association of Air Medical Services (AAMS) in the US held its annual spring conference, which provides the opportunity for air medical crew members to educate themselves about the operational and legislative issues that directly affect medical transport systems across the country. AAMS President Sandy Kinkade noted of the recent conference: “A chief goal of AAMS’ spring conference and lobby day was to educate policy and lawmakers regarding the need to direct more federal funding towards improving the low altitude infrastructure. Currently, low altitude aviators do not have access to the same supportive components that exist within the general aviation infrastructure, which was built specifically for scheduled, commercial airlines – an omission that puts EMS helicopters in particular at a distinct disadvantage.” Another issue raised during the conference was that of ‘securing federal funding for remote weather stations that would help bridge the weather reporting gap’, added Kinkade. The conference delegates also want to establish a congressional air medical caucus; achieve greater levels of funding from the federal government; pass proposed air medical safety legislation; increase air ambulance Medicare reimbursement rates; and address regional disparities in the provision of services.

AAC acquires Global Jet

Alabama-based Air Ambulance Card has completed the acquisition of Californian air medical evacuation company Global Jet Ambulance’s membership base. Air Ambulance Card will merge the Global Jet clients with its existing members on a monthly basis, as Global Jet members renew their subscription. Managing director of Air Ambulance Card Sam Jackson commented: “Global Jet’s membership is primarily located in the western states, which gives us a great base from which to grow our sales in a market in which we are already strong.” Meanwhile John Hartfield, president of Global Jet, will continue to represent the company on the west coast. He said of the deal: “Air Ambulance Card has an excellent network of aircraft and an incredible knowledge of transport logistics. I am pleased to offer our members this service.” Air Ambulance Card provides travellers with pre-paid hospital transfers, both domestically and abroad. The membership programme offers services to families, individuals and corporates needing protection for their travelling staff.

STAT-Medevac teams with Eurocopter

Stat-Medevac, an air ambulance operator based in the US, has signed the first long-term commercial contract to receive pilot training in the new EC135/145 full motion flight training device, which is now in service at the American Eurocopter’s expanded training centre in Texas. The new training system was recently certified by the US Federal Aviation Administration as a Level Six Flight Training Device with motion, which will be followed by FAA approval later this year as a Level B

Full Flight Simulator.

Richard Gross, director of operations for STAT-Medevac, noted: “This training system will allow our pilots to practise emergency procedures in highly realistic – and safe – conditions, while also allowing them to judge their decision-making capabilities as they work through problem scenarios. The simulator’s ability to be configured for both the EC135 and EC145 is an added advantage for our training requirements.”

MedjetAssist teams with Steele Foundation | Russian doctors fly in to treat tourists

MedjetAssist, a US medical evacuation membership programme, and The Steele Foundation, a provider of enterprise risk management services, recently announced they have teamed up to offer clients a 'unique portfolio of enhanced travel and expatriate medical and security services'.

Under the new agreement, MedjetAssist and Steele have combined their travel solutions to create a 'seamless, end-to-end travel protection plan' to cater to corporate clients and leisure travellers worldwide. The two companies will collaborate in Mexico, where Steele's FirstCall vehicle tracking and emergency roadside response will now feature integrated MedjetAssist services. In addition, Medjet's individual and corporate members will gain access Steele's

incident management and executive protection expertise, Global Rapid Response travel advisory centers, evacuation support and security consulting services.

MedjetAssist's president and chief executive officer, Roy Berger, commented: "Our companies bring a special synergy unrivalled anywhere in the travel services marketplace. We bring premier worldwide air medical evacuation and emergency consultation capability, and Steele brings strategic, boots-on-the-ground security capability through their well-respected global operations in at-risk areas globally."



Library image of an Il-76

US DoD

The Russian Emergency Services Ministry (ESM) sent doctors on a special flight to Vietnam in March in response to a coach crash involving 24 Russian travellers. The team included doctors and medics

from the ESM Tsentropas unit, the Zashchita All-Russian Disaster Medicine Centre and the Federal Medical-Biological Agency, along with ESM psychologists.

The tourists were returning from Da Lat city, a popular tourist destination in the central highlands, when their vehicle left the road and plunged off a cliff. Nine Russians and their Vietnamese tour guide died in the accident.

The 14 survivors were taken to Cho Ray hospital in Ho Chi Minh City for treatment. After being evaluated by the Russian doctors, the injured tourists were taken to the airport and flown home on a medically equipped Ilyushin Il-76.

The bodies of the deceased were repatriated to Moscow on a Vietnam Airlines Flight after being identified by members of the Russian rescue team. The Russians were keen to praise the Vietnamese doctors for quickly performing the formalities that are necessary when organising a repatriation, while procedures for compensation to be paid to the victims' families have been agreed between Coris, a Ukraine-based insurer, and a local Vietnamese insurance company.

Commercial service called for in NSW

The issue of remote health services in New South Wales, Australia, is back on the agenda after a delegation of health professionals met a senior advisor to the NSW Transport Minister to highlight the urgent need for a commercially run service. The member for Barwon, one of the regions affected, said that health services currently rely on expensive charter flights to evacuate patients, and he believes that with improved co-ordination, a commercial operator could take over the service and make money. Kevin Humphries added: "The State government provides a million dollars a year in flying specialists and allied health workers into the west. What the medical fraternity is saying is we can make efficiencies, we can work with a commercial operator and it might actually increase the potential to attract a commercial operator because there is plenty of business there." He continued: "If the government believes they don't need to work smarter and underwrite a commercial operator all that's going to happen is the government is going to end up paying more money by flying people in and out on charters and extending the services of the air ambulance and the Royal Flying Doctor Service." Humphries claims to have an operator interested already.

Lear 35 for Air Med

Oxford, UK-based Air Med has confirmed the purchase of its first jet air ambulance, a Lear 35A. Known as G-JMED, the aircraft will be the only dedicated fully ICU-equipped and staff air ambulance based in the UK.

Rupert Dent, chief executive of Air Med, said the company continues to expand 'in response to client demand', adding: "It will enable assistance companies to repatriate patients to the UK by flying the shortest point-to-point distance, eliminating the need for the positioning flights that continental European-based providers have to fly. It will therefore provide the most cost effective alternative and will provide the lowest emission Lear 35A air ambulance service into the UK."

The new aircraft's arrival in late summer this year will coincide with the extension of the company's additional operational capabilities to worldwide and will be fitted with a double LifePort stretcher.

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Ski safety: should helmets be mandatory?

The tragic death of actress Natasha Richardson following a skiing accident has renewed a transatlantic debate over whether ski helmets should be made mandatory. **Jenny Sims** examines the arguments

Natasha Richardson was not wearing a ski helmet when she fell on a beginners' slope in the luxury resort of Mont Tremblant, Canada, in March. She refused medical treatment at the time but was escorted back to her hotel by her ski instructor. An hour later she complained of a severe headache and was taken to the local hospital by ambulance. After being stabilized she was transferred by another ambulance to a major medical centre in Montreal, 50 miles away. The following day an ambulance took her to the airport where she was flown to a New York hospital where she died of a brain haemorrhage caused by a 'blunt impact' to the head.

Experts agree the 45-year-old actress's death was a 'freak accident' and there is no way of knowing whether a ski helmet would have saved her life. But ironically, only three weeks before, emergency care doctors in the resort had called for a meeting with the sports minister as part of their campaign to make wearing helmets mandatory in all Quebec ski resorts. Currently, helmets are only mandatory in areas designated for snowboarders.

Some experts have suggested precious time was lost because Richardson initially refused treatment and was then transported by ground-ambulance instead of being flown by medevac helicopter. President of the US's Association of Air Medical Services (AAMS), Sandy Kinkade, said her death should serve as a

caution to adventuring vacationers everywhere. AAMS would like 'everyone to wear a helmet whenever engaging in sports-related activities that involve the risk of head injury, and to know the signs of traumatic brain injury'.

Of the 14 deaths from head injuries in Quebec resorts between 1990 and 2004, 12 were not wearing helmets, according to the local coroner's office. Richardson's death may have strengthened the medics' case, but resort operators oppose legislation because they say it would be difficult to police. Instead, they want to promote greater safety awareness among skiers and boarders.

This polarisation of views is mirrored across America and throughout Europe, and depends to a degree on people's interpretation of various studies of ski deaths and injuries. Overall, helmets are more popular in the US, where according to the National Ski Areas Association, 43 per cent of all skiers and snowboarders wore helmets in the 2007-2008 season. Only Italy and southern Austria have introduced legislation to enforce the wearing of helmets in Europe.

Lead by example

Although all European ski schools insist children wear helmets, until recently only the Italian government had made this legally compulsory for all skiers under the age of 15. Then on 1 March, the federal province of southern Austria also made it mandatory



for under-15s. However, this move was triggered not so much by logical debate, but a much-publicised skiing fatality in Austria on New Year's Day, when Dieter Althaus, prime minister of Thuringia, Germany, who was wearing a helmet, collided with a 41-year-old Slovakian mother of four, who was not wearing a helmet and later died. Charges have been brought against Althaus, who suffered head injuries in the accident, and ski helmets have soared in popularity in both Austria and Germany since.

The Ski Club of Great Britain says that though wearing a helmet reduces the risk of head injury by between 29 and 60 per cent, it does not reduce the risk of a 'serious' head injury. Alyn Morgan, club spokesman, explains:

'At speeds over 20 kilometres per hour, it won't make much difference. And the death rate has not declined as helmet use has risen.' These facts are borne out by a number of studies but some pro-helmet industry representatives seem either to be unaware of the fine detail, or have overlooked their significance.

Louise Doherty, spokesperson for TravellInsuranceGuide.org.uk the insurance comparison website, suggested: "It's likely that compulsory ski helmets would contribute to a fall in serious head injuries on the slopes, reducing costs to insurers and potentially allowing providers to reduce premiums for their customers."

Richard Doubleday, sports director at Perkins Slade, a specialist sports insurance broker to over 250 governing bodies of sport and recreation throughout the UK, said: "It's an irrefutable that if all skiers wore helmets there would be less serious injuries, but there has to be freedom of choice. No doubt if insurers could wave a magic wand they would have everyone wearing a helmet."

Ben Smart, UK corporate and travel director for

Mondial Assistance, believes: "Industry reports suggest that for every 10,000 people on the slopes on any particular day, no more than three people will sustain a head injury requiring medical attention. Out of all the people with head injuries, the majority (90 per cent) of the injuries are minor cuts and bruises. However, the fact remains that injuries sustained by the other 10 per cent are potentially much more serious and often deadly and therefore it should go without saying that wearing a helmet will reduce the risk of injury." He went on to state that offering a discounted premium on travel insurance for wearing a helmet is certainly worthy of industry consideration but would be subject to detailed analysis of claims data.

And from his personal experience, Smart says he would even extend this to body pads and impact vests, which help protect against back and spinal injuries from snowboarding. "But more crucially, the industry should be working together to ensure people actually take out insurance cover in the first place," he concluded.

John Dacey, lifestyle claims manager at AXA, said: "Our view is that wearing helmets is a matter of freedom of choice. We believe skiers are informed of the risks, and we don't make it a condition in our policies or have any plans to make wearing of helmets mandatory." Meanwhile, Malcolm Tarling, spokesman for the Association of British Insurers, said they hadn't yet entered the debate, adding: "In general, anything that serves as a precaution to reducing risk and improving safety is to be encouraged. However, if you are asking if we should decline assistance to people who don't wear helmets the answer is no." That would, indeed, be a draconian measure, and no-one appears to be suggesting it.

The UK's leading expert on ski safety, Dr Mike Langran, an Aviemore GP and board member of the International Society for Skiing Safety, summarised:

On the contrary, the research shows that, overall, people who wear helmets are more likely to die than those who don't

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Of the 14 deaths from head injuries in Quebec resorts between 1990 and 2004, 12 were not wearing helmets

motorbike helmet, but these would be too heavy for most skiers and snowboarders.” However, new materials’ technology is developing lighter weight solutions and manufacturers are experimenting with styles that include gadgetry from MP3 players to mobile phones. In fact, helmets are already ‘de rigueur’ with many teenage boarders, freestyle skiers and paraskiers. New technology may well make the new generation of ski helmets just as ‘cool’ with the average recreational skier in the future – and no legislation to make helmets mandatory would be necessary.

As *ITIJ* was going to press, the International Society for Skiing Safety’s 2009 Congress was being held in Garmisch-Partenkirchen, Germany and the question of ski helmets was on the agenda. Perhaps the untimely death of Natasha Richardson and current debate will have helped bring the global experts closer to a consensus – one way or another! ■

See also: **Emergency care provision questioned** in *ITIJ*’s Air Ambulance News section for an analysis of air ambulance provision in Quebec, the only Canadian state without an on-call emergency air ambulance.

“Helmets and head injuries are an emotive issue but I think it is important to stay objective and not make a knee jerk reaction without looking at the facts.” According to Langran, about 40 per cent of individuals worldwide now wear a helmet. In the US, where annually 55 million people take to the slopes, there is an average of 39 deaths a year, a rate of one per 1.4 million participants. And around three in every 1,000 ski enthusiasts require medical attention. “On the basis of facts, it is my personal view that we should encourage, but not force people to wear helmets,” he said.

Mike Welby, co-founder and director of Dogtag, the specialist sports insurer, said he sees more and more people wearing helmets every year. “Certainly there are more children wearing them, and as a parent it’s difficult to insist if you don’t wear one yourself.” He says that discussing helmet use is valuable in raising awareness of other major safety issues such as skiing dangerously because of alcohol or insufficient ski lessons. “If people are wearing helmets it’s a sign they are thinking of safety.” The Dogtag directors think eventually, through increased safety awareness, widespread wearing of helmets ‘will happen – like people stopping smoking’. Chris Exall, wintersports consultant and expert witness, is absolutely certain that over the next 10 to 15 years more and more people will be wearing helmets. However, from his research into peer-reviewed global medical literature and other studies of ski accident deaths and injuries, he says the incontrovertible evidence is that helmets will not prevent someone dying if they have a hard impact head collision above a speed of 15 miles per hour. On the contrary, the research shows that, overall, people who wear helmets are more likely to die than those who don’t. “That’s because they are often young males: high-risk takers, skiing too fast or out of control, or boarders doing jumps in terrain parks,” said Exall. “In light of the data, perhaps insurers should consider making helmet-wearers pay a 10 per cent premium,” he added, tongue in cheek. A former ski racer, he added: “It’s like driving a car. You need to look where you’re

going and avoid risky behaviour.” Fashion is also a factor in influencing the increased uptake of helmets. Exall warns that standards vary, though. “The best protection would be from a





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To mark the 100th issue of *ITIJ* and almost 10 years reporting on the issues and trends that have shaped this industry, we thought it would be interesting to take a look back over the last decade of travel insurance and see what has changed. As Fiona McDonald and Milan Korcok reveal, what is most surprising is what hasn't changed



10 years in travel insurance – didn't time fly?



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The UK: a positive approach

There are so many things that have changed in the British travel insurance market over the last 10 years. Here, Fiona McDonald of Europ Assistance gives an analysis of just how far things have progressed

The following represents a list of things that have moved on, developed or shifted in the UK insurance market since *ITIJ* was first published back in 1999. I'm sure you could add to this list, but the fundamental changes are covered by the following ...

Distribution

The area where most has changed is technology and the evolution of the Internet. If we go back to 1999, a survey of UK travellers showed the following as the source of their travel insurance:

	%
Travel agent or tour operator	62
Other	9
Insurance company via telephone	7
Insurance broker	7
Your bank/building society	4
Travel club or organisation	4
Don't know	3
Credit card provider	3
Retail chain (eg Tesco/Boots)	1

The dominance of the tour operator/travel agent route to market had already shrunk from the heady days when nearly 90 per cent of sales were through that channel, but the downwards trend had only just begun. A similar survey in 2008 showed the following:

	%
Direct operator	26
Travel agent or tour operator	19
Free cover with bank account etc	15
Bank or building society	12
Post Office	8
Retailer	5
Price comparison site	5
Other	5
Don't know	5

Over the last decade, the number of sellers of travel insurance has grown exponentially. In 1999, only a couple of high street retailers were selling travel insurance; now, there are many more. Aggregator (price comparison) sites barely existed, but now with the majority of UK households having computer access, they have become significant players, and this trend is set to continue. Free cover provided with bank accounts and credit cards is much more prevalent and people's awareness of that cover has increased. These changes have eroded travel agents' and tour operators' market share and have had a significant impact on price. In fact, customers have become increasingly aware of the price they pay for their travel insurance and more often than not search for the best deals. This has increased pressure on margins, leading to customers paying lower prices for cover than they did 10 years ago. The key for us now is whether these changes will continue: will traditional sources of travel insurance for consumers continue to be eroded?

Regulation

In 1999, the Financial Services Authority (FSA) didn't exist and anyone could sell travel insurance. Was this a good thing? In some ways, probably not. The

quality of the explanation given to customers as to what was and what was not covered by their policies wasn't always good. We've all seen the surveys that quoted travel agent staff saying 'This will cover you for everything'. So little by little, the noose of regulation has tightened, and today travel insurance is subject to the same regulations as any other insurance.

From 1 January 2009, anyone selling travel insurance in the UK market is required to either be FSA registered or be an Appointed Representative (AR) of a registered company. Appointing a company as your representative carries onerous responsibilities, none least to ensure the AR is fully compliant with all FSA regulations. The Insurance Conduct of Business Sourcebook (ICOBS) sets out the standards companies are required to meet in selling insurance, and penalties for failure to comply can be extreme. Fines levied by the FSA to date have run into millions of pounds.

Whether this increase in regulation is a good thing or not is a matter of opinion. On the positive side, the regulations should ensure consistency of sales processes regardless of the source of the sale. Customers can expect fair treatment, and have key conditions and exclusions drawn to their attention, wherever they buy their policy. On the negative side, there's no doubt that ensuring compliance with the new regulations has added costs to the sales process. How much has this change in regulation cost? Each FSA registered company will have its own answer and each has had to decide how much of that cost can be passed on to customers. There's no doubt that the increasing cost of regulation has added to pressure on profit margins experienced by many underwriters, though, and perhaps that explains the next dramatic change in the UK travel insurance market over the last 10 years.

Underwriters

A survey of the main providers of travel insurance into the UK market in 1998 showed the following companies and their share of the market:

Company name in 1999	%	Company name now
CGU (TIA)	27	Norwich Union/Aviva
Home & Overseas	24	Zurich
Bishopsgate	14	Fortis
GE	13	
Lloyd's Underwriters	10	
Others	12	

A similar survey in 2008 shows the following providers:

	%
AXA	27
Norwich Union	14
RBS/UKI	13
AIG/New Hampshire	11
Others	11
Fortis	9
Europ Assistance	7
Mondial	5
FirstAssist	4

We can see that some companies have left the travel insurance market (Zurich and GE), some new companies have entered (AXA, AIG, UKI etc) and market shares have shifted dramatically, often due to changes in the distribution channels noted above. What we see today is a wider spread of providers, which increases competition. However, despite the increasing costs noted under the Regulation section above, the net prices charged by underwriters remains unchanged over the last 10 years, and in many cases have reduced. But more on that later. Even companies who have remained in the market have changed the channels through which their policies are sold. In 1999, Norwich Union (then CGU) and Fortis (then Bishopsgate) sold most of their products through the travel trade. Today, Norwich Union is a major provider of 'free' travel insurance with bank accounts and credit cards,

while Fortis provides policies to the Post Office. Furthermore, some companies only provided services to underwriters back in 1999 (for example, Europ Assistance, Mondial and FirstAssist), but these companies are now underwriters in their own right, carrying risk as well as handling claims and providing emergency assistance services. While companies now operating in the travel insurance market are diverse, most have one thing in common, which represents a significant shift over the last 10 years, and that is having their service provision in-house rather than outsourced.

Service providers

If we look back 10 years, the servicing of travel insurance was fragmented. Underwriters produced policy wordings and set rates. Intermediaries sold policies to the public – sometimes several layers of intermediaries could be involved. Independent claims handling companies dealt with claims arising from policies sold, while other companies provided 24-hour emergency assistance services, helping customers abroad and getting them home.

The last 10 years has seen increasing consolidation of these roles. Now, single companies design products, set rates, sell policies, handle claims and provide 24-hour assistance services. Few underwriters today outsource any element of their after-sales service. AXA, AIG, RBS/UKI, Fortis, Europ Assistance and Mondial all have in-house claims handling and 24-hour assistance, and don't outsource these functions. Keeping services in-house allows underwriters to control costs more rigorously, keeping profits within the companies. As a result of these changes, the number of companies operating in the travel insurance market has decreased significantly over the last 10 years.

Legislation

New laws have been brought into effect every year and travel insurers have had to ensure their contracts reflect these. Rather than go through a long list, let's just focus on two significant pieces of legislation, one that is already in effect and one we can expect soon in the UK:

Gender Directive – Laws making discrimination illegal on grounds of gender were extended in the UK in 2007 to include provision of goods and services. We were impacted by these changes less in travel insurance than in some other classes of insurance, as we have never charged men and women different rates. So at first we thought we wouldn't be affected by this new piece of EU legislation when it was enacted in UK law. However, we soon found a nasty surprise buried in the detail of the new laws. This made it illegal to treat women less favourably because of pregnancy. Initially, we thought we would have to remove all pregnancy related exclusions from policies, which would have led to us having to cover a woman travelling right up to the expected delivery date of her baby. Later legal opinions advised this wasn't necessary, but that we could no longer ask questions for medical screening purposes about the pregnancy. From the end of December 2008 (when the change took effect) all pregnancy related questions have been removed from medical screening systems. My company has already had a claim from a woman who would previously have had to declare her condition when buying her policy, but under the new laws could not be asked about her pregnancy. These claims can be considerable.

Equalities Bill – In the UK we expect new legislation in the next year relating to age discrimination. This may require the removal of all age limits from travel insurance policies. If this happens, the future of annual multi-trip policies will come under serious review. The risk of writing a policy for a full year of travel, to any destination, for a customer aged in their 90s, with no opportunity to review any changes in medical condition after policy inception, is significantly greater than most underwriters will be willing to cover. But if we offer annual multi-trip policies at all, we may have no choice.



The last 10 years has seen increasing consolidation of these roles. Now, single companies design products, set rates, sell policies, handle claims and provide 24-hour assistance services

Travel patterns

All the changes we have discussed so far have been internal to our market, but at the same time, customers have been changing what they do and what they want from us. If we look at 1999, the number of trips made by UK residents, and their destinations, were as follows:

Visits	Thousands	%
North America	4,733	9
Europe	43,620	81
Other countries	5,529	10
Total	53,882	

By 2007 (latest year for which figures are available) the numbers had changed as follows:

Visits	Thousands	%	Change since 1999
North America	4,587	7%	-3%
Europe	55,188	79%	27%
Other countries	9,675	14%	75%
Total	69,450		29%

The number of visits by UK residents to countries abroad has increased by 29 per cent since 1999. The rise of low cost airlines has had a significant impact

on this growth, and is probably a significant factor in the 27-per-cent growth seen in Europe. What is interesting is the growth of 75 per cent seen in trips to the rest of the world. Customers are travelling further afield than before, travelling more often, and taking part in more activities when they get there. This has resulted in changes in the type of product we provide to the UK market. Niche products for backpackers, winter sports, and other specialist markets have grown. There has also been a significant increase in the proportion of annual multi-trip policies sold compared to single trip policies. In 1999, 80 per cent of all policies sold were single trip. By 2008, this had dropped to 53 per cent. The increase in popularity of the annual multi-trip product has had two main drivers. First, customers plan to have several trips in one year, so it's convenient to buy a single policy to cover all trips. Second, the price of annual multi-trip policies has reduced dramatically over the years. The question for us all is whether this trend will continue. With the economy in recession, demand for travel abroad is falling, and consequently, demand for annual policies may also fall. This combined with questions that future legislation on age discrimination raise, may make annual policies less popular in the years to come.

continued over



It's still possible for a 65-year-old travelling out of the country for 30 days to get full service insurance for \$3.25 per day

What hasn't changed?

From all the above, you may be wondering if there is anything that hasn't changed! Well, in general, two things have stayed similar over the last 10 years: cover and price. If you look at what's covered by a travel insurance policy now, it looks virtually the same as it did 10 years ago. There's cover for medical expenses up to several million pounds, cover for cancellation and travel delay, luggage and luggage delay, missed departure, personal accident, personal liability, and so forth. So, is it time for innovation? With regards to price, the only changes have generally been downwards! While to some extent this could be justified as we got better at managing claims costs, and up to last year the strength of the pound against other currencies, this has now come to an end. The loss in value of the pound over the last year has hit all underwriters to some degree. But with medical costs all payable in foreign currencies, and most of those in euros or US dollars, even companies that managed to hedge against exchange rates will be hit going forward.

Add to this that we have probably squeezed as many savings from claims handling and cost containment processes as we can, and as an industry we are now facing tough times. I can't think of many products (other than computers) for which a customer pays less now



than 10 years ago. The time may now have come for one last change in travel insurance – the price!

North America: out of the shadows

Just how different has the development of the travel insurance industry in North America been compared to that of the UK and Europe? Milan Korcok has the answer

Unlike Europe, where travel insurance is almost obligatory (many cruise lines even make it mandatory), Americans and Canadians have a more relaxed attitude towards its purchase. Look at different age groups, regions, educational and

occupational levels, and you see vastly different sensitivities about the need for travel insurance. In a 2006 survey, the US Travel Insurance Association (USTIA) reported that prior to 9/11, only 10 per cent of leisure travellers bought travel insurance, while in 2006 more than 30 per cent did so. It's worth noting, however, that despite this threefold increase, another USTIA survey revealed that the vast majority who bought insurance did so mainly to protect their cash investment: trip cancellation, baggage, missed connections, or last-minute itinerary changes – medical or medical evacuation policies accounted for only four per cent of travel insurance sales, a stunning oversight that American insurers have failed to rectify by educational, promotional or other merchandising strategies even though by the end of 2007 Americans travelling on leisure trips spent more than \$1.3 billion on travel insurance, representing 18 per cent more sales in 2007 over 2004.

Contrast this with Canada where just about half (49 per cent) of travellers polled in 2008 said they 'always' or 'usually' bought travel insurance for trips to the United States (for overseas trips that ratio was higher). Though that still leaves a lot of uninsured, Canadians have no illusions about how poorly their domestic first-dollar government health insurance covers them once they leave their own borders. Still, despite clear knowledge that uninsured travel out of the country can be hazardous to their economic health, half of travelling Canadians eschew it. And the younger the traveller, the more likely they are to neglect insurance. The invincibility factor, perhaps?

An evolving market

Few segments of the health insurance market have grown as expansively as has the private supplemental travel insurance industry in Canada over the past two decades. Prior to 1991, most provincial health insurance programmes would pay pretty well any bill they received for a travelling resident caught by medical emergency in a hospital in the US or overseas. There was no great need for much private supplemental coverage. Unless there was something egregious in the bill, it was paid: until a series of scandalous rip-offs was unearthed which showed that the Ontario Health Insurance Plan (OHIP) was being routinely billed for thousands of dollars per case for alcohol and drug dependency treatments in US clinics – some of them in sunny California, or Arizona or the bucolic mountain countryside of New England. The axe fell and OHIP slapped a limit of \$400 per day on out-of-country hospital payments (compared to the \$1,500 or so being charged in the US at that time; much more now). Except that it fell not only on the rip-off perpetrators, but on all Canadian residents travelling anywhere – people who thought their universal medicare was something they could rely on no matter where they went.

Other provinces followed OHIP and with that one single act, cheap travel insurance – that up to then

could be bought for a dollar a day or less from three or four vendors standing alone in the business – was gone. Some provinces limited their out-of-country payments even more stringently than Ontario. British Columbia would pay no more than CA\$75 per day – which it still does. As a result of the government retreat, hundreds of brokers and travel insurance entrepreneurs flooded into the void, while travellers saw premiums soar six-fold over the next three years. Insurers saw quickly that keeping up with US hospital costs was going to be an expensive business. Nonetheless, brokers, associations, affinity groups, insurance companies, underwriters, banks, motor associations, and other entrepreneurs flocked to the new business line they saw paved with gold. Of course, the euphoria didn't last as some began to realize how little they knew about travel insurance. Even such global giants as North American Life Insurance and Prudential took their licks and retreated from the field after sustaining unacceptable losses. Since then, the travel insurance industry in Canada has consolidated, stabilised and is now focused around a handful of insurers and/or wholesalers (among the largest being RBC, Manulife, ETFS, Travel Underwriters, Co-operators Life Insurance, and Mondial), most of these germinating their own emergency assistance, cost containment, case management and managed care subsidiaries – keeping as much business as possible in-house. In Canada, over the past decade, premiums have escalated gradually, mostly to keep pace with currency differentials between Canada and the US that skip and soar overnight, as well as the rising cost of healthcare in the US, which is payable in US dollars. Given these dynamics, the setting of premiums can sometimes be a crapshoot. But aside from the first sudden rush of price increases in the early 1990s following government coverage shutdowns, premium fluctuations have been modest – three to five per cent up or down per year, depending on market forces. It's still possible for a 65-year-old travelling out of the country for 30 days to get full service insurance for \$3.25 per day (including \$2 million cover for medical and evacuation cover), or for a 30-year-old travelling for three weeks to be covered for \$2.30 a day.

A market still expanding

Despite the fact that 67 million Americans spent more than \$1.3 billion on travel insurance in the US in 2006, only four per cent of sales volume went for medical or medical evacuation policies. By comparison, Canada's population of close to 34 million this year will have made more than 20 million leisure trips out of the country and, extrapolating from surveys, almost half bought supplemental health insurance. From what began as a peripheral industry providing mostly supplemental services such as private nursing, repatriation, in-room television and telephone – items that weren't covered by government administered medicare – sales have grown exponentially. Martha Turnbull, president of Canada's Travel Health Insurance Association (THIA) told *ITJ* that the estimated value of written premiums for the travel insurance market in Canada had grown by 2007 to more than \$1.09 billion (CAD = .80 US) according to various industry sources. Of that, \$313,454,000 was attributable to travel agency sales, \$147,554,000 to insurance brokers, \$93,898,000 to associations, \$340,000,000 to employee benefit plans and the remainder to banks and financial institutions, direct consumer sales by insurance companies, intranet sales, airline and cruise line sales, and credit card programmes.

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The relative values of travel insurance in the US and Canada can be explained by the fact that Canadian travel insurance is heavily weighted to cover comprehensive medical care and repatriation benefits as core items. Many US trip cancellation packages carry some medical emergency and assistance services cover, but their \$10,000 or \$25,000 limits are no match for the \$1 million-plus policies that provide virtually unlimited cover; repatriation, medical underwriting and direct provider payments benefits routinely offered by Canadian and European insurers. Some American insurance companies such as Travel Guard, Access America, HTH Worldwide, TravelSafe and others have high limit medical evacuation and repatriation policies in their inventory, but few Americans know they are available and they rely instead on their patchwork of domestic, employer-sponsored health insurance even while travelling. The 2006 UStiA survey also showed a continuing reluctance by Americans to assume the need for medical benefits as a primary reason for buying insurance. UStiA past president Jon Ansell said of the results of the survey when it was released: "... we are concerned about how few people realise their healthcare policies provide very little, if any, out-of-country medical coverage, and some don't cover you if you are travelling more than 100 miles from home." He noted also that even among travel insurance buyers, only 50 per cent were aware of the availability of medical evacuation insurance. In Canada, the critical mass of travel insurance cost gravitates around the medical needs of long-term out-of-country stays of the snowbird – those aged 55 years and older travelling out of the country for at least 90 consecutive days (and in many cases for 182 days – half the year). This single age group accounts for a disproportionately large share of the \$1.03-billion travel insurance payout. And the larger this group gets and the longer they stay out of the country, the higher their premiums must go. This past year, there were an estimated 750,000 such snowbird trips, and according to projections by the Conference Board of Canada, the average premium in 2006 for travellers aged 55 to 64 was \$330.77, and \$1,005.77 for those aged 65 and older. Yet for the oldest sector in this seniors' population, premiums can easily be double that, especially if the travellers have one or two pre-existing conditions such as high blood pressure, or a recent hospitalisation or medical intervention. It's significant also that though only 49 per cent of Canadian travellers said they always or usually buy travel insurance, more than 68 per cent of snowbirds said they routinely did so. And the older the snowbirds, the greater those numbers.

Travel insurers sell softly

Unlike the UK, where travel insurance is openly promoted at retail outlets like Tesco or Boots as a necessity of travel, Americans are much more subdued at 'hawking' travel insurance: Canadians less so, but still genteel in their approach. The US media has often taken a generally hostile view of travel insurance, seeing it as duplicative of homeowners policies, credit cards, or flight or cruise ticket products. Consumer Reports said simply, two years ago, that travel insurance was a waste of money – a headline that was parroted by the Canadian media even though the two environments are completely different. Brad Finkle, then president of the UStiA, admitted the US media was generally uninformed about the true value of travel insurance, especially the medical and



Some American insurance companies ... have high limit medical evacuation and repatriation policies in their inventory, but few Americans know they are available and they rely instead on their patchwork of domestic, employer-sponsored health insurance even while travelling

evacuation features. But promoting a more positive message of the value of medical benefits has been a poor sell so far, even though private employer-sponsored American health insurance provides little, if any, out-of-country coverage. Even those Americans who have private health insurance policies (46 million do not) have no medical repatriation benefits (unless they specifically bought them). They are also responsible for payments to foreign providers with the hope of reimbursement later. And getting back home after an emergency remains their responsibility. Stand-alone air ambulance companies selling repatriation only are making some inroads into this market but still represent only a small slice of the overall medical service needs of American travellers. While in Canada, air ambulance features are standard benefits in virtually all travel policies. US Medicare policies for people aged 65 and over do not cover out-of-country benefits at all – except in extremely rare cases where the closest emergency room may be in a foreign country i.e. Canada or Mexico. Although most Medicare beneficiaries buy supplemental insurance policies that do offer some out-of-country benefits, they are quite limited and leave most holders with the responsibility of paying their providers up front. As for the people who have no health insurance, going without is an everyday hazard anyway – at home or in Italy.

Little public education

In neither the US nor Canada has public education about the value of travel insurance (particularly medical benefits) been aggressively pursued by the industry itself. Neither UStiA nor THIA have dedicated public/consumer education programmes, and neither of their websites have 'go to' information about what travel insurance is about, how to shop for it, what to look for, why it is as essential as one's passport, or even directories of where to find members offering retail products. There has been no 'sell' factor in the promotion of their own products by travel insurers, except for a handful of vendors promoting their individual products to discrete audiences. This has been left largely to governments advising travellers of the value of having insurance when they travel (in the usual bureaucratese that

one's eyes prefer to avoid), or to the media – which depending on the angle of the day can just as easily be negative about the product as positive.

A wary eye on regulation

In both the US and Canada, the relatively small size of the travel insurance industry has kept it out of the regulatory spotlight. For now. Unlike recent moves in the UK market requiring anyone selling travel insurance to be either registered with the Financial Services Authority or to be an Appointed Representative of a registered company, travel insurance vendors in the US and Canada have, as a distinct industry subgroup, escaped heavy regulation so far. In the US, the tug of war between state and federal control of insurance regulation continues into the Obama administration with worrisome consequences. In Canada, in 2008, the Canadian Council of Insurance Regulators (CCIR) and the Canadian Insurance Services Regulatory Organizations (CISRO) cast a spotlight on incidental sellers of insurance (which includes travel insurance) urging them to be more transparent with customers, to more clearly explain benefits, exclusions and restrictions, and to be more forthright in explaining disclosure requirements. In response, THIA agreed to work closely with CCIR/CISRO in aiming towards these goals, and to discuss further where licensing of incidental sellers was adequate or required upgrading. The bottom line to the agreement was that THIA, representing the travel insurance industry in Canada, wanted to be at the table when anything concerning the selling of travel insurance and the welfare of its clients was discussed. In a very short time, the travel insurance industry has developed a great array of products, services and expertise to protect millions of travellers worldwide, and it has done so at relatively low cost. But now the challenge appears to be to persuade travellers that these products are truly life savers, are essential to anyone carrying a passport across any border, and can be trusted to do what they are purported to do. Nobody can do that as well as can the travel insurance industry itself – should it summon the impetus to do so. ■



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Cancer cover

Providing travel insurance for someone suffering from cancer requires an in-depth knowledge of their condition. Krish Shastri shares his knowledge and suggests how high street insurers can do more to help cancer sufferers obtain the travel cover they need

Holidaymakers with a diagnosis of cancer are extremely frustrated to find that the travel insurance industry worldwide is generally unwilling to provide cover for their diagnosis. Given the reluctance of insurers to offer cover and faced with repeated declines, many patients – despite being clinically well – are tragically being forced to give up any hope of ever travelling abroad again.

Aware of these difficulties, UK cancer charities such as Cancer Research and Macmillan have voiced concern that cancer patients are being unfairly excluded from travel insurance. To try and assist patients in their search for cover, many UK cancer charities publish lists of companies that may be able to help. However, for those suffering with active, metastatic or terminal cancer obtaining cover for their diagnosis can be an almost impossible task, with patients in this group often being quoted thousands of pounds. Macmillan has documented the case of a 40-year-old man diagnosed with metastatic colorectal cancer, who was quoted over £40,000 by a major UK insurer for a three-week trip to the US. These problems are encountered by cancer patients worldwide. Recent surveys in Australia, New Zealand, Ireland, Scandinavia and the US have highlighted that cancer patients in these countries report similar difficulties. The national cancer charities in some of these countries also publish lists and provide advice on how to get cover, while patients denied cover in Australia are able to rely on the cancer charities to assist with the registration of a formal complaint with the regulator and, if necessary, issue writs on the grounds of discrimination. However, the reluctance of insurers to offer cover is understandable and is driven by the fact that of all the medical conditions, deaths from cancer outnumber deaths caused by heart disease, stroke, circulatory disease and respiratory disease combined. Cancer is the UK's biggest killer, accounting for over a quarter of all deaths. To put this in perspective, an individual in the UK is fifty times more likely to die of cancer than in a road traffic accident. With over 200 different types of cancer, it is also the most complex group of medical conditions, which is further compounded as over two thirds of all cancers are diagnosed in the over 65s – i.e. those who are also more likely to have other medical complications associated with advancing age.

New treatments

Given the rapid advances in the treatment of cancer, efforts to underwrite cancer conditions are also complicated by the fact that many therapies are experimental and nearly all cancer treatment strategies have a narrow therapeutic index – i.e. a very close tradeoff between therapeutic benefit and toxicity. This means that patients can very often suffer life-threatening complications due to their therapy rather than the cancer. For example, for those on chemotherapy, over a third of hospital emergency admissions are a direct consequence of the treatment itself. To date, cancer travel insurance has therefore suffered from both a high claims frequency and very high claims costs, not only because of the diagnosis, but also due to complications arising from the treatment.

Keenly aware of these complexities and the disproportionate impact on their books, many insurers will not offer cover for cancer. Even those individuals with annual travel policies who report in midterm a diagnosis of cancer will find that insurers will invoke the 'health warranty' clause in their policy and immediately withdraw cover for a newly diagnosed cancer. Some insurers will even terminate the policy completely.

The few insurers ready to consider cancer cases do so using call centre-based automated 'screening' systems, which try to distinguish the 'survivors' – those who have had cancer but have been 'off treatment' for many months or years – from the 'sufferers' – those high-risk individuals who have either recently been diagnosed and are on treatment, or those whose cancer has spread and have a 'terminal' diagnosis. A declaration of a terminal prognosis will almost always render an individual uninsurable. This is because a keystone question in the screening process is aimed at identifying whether the applicant has received such a 'terminal' prognosis. However, on request, screening companies are unable to provide a definition of 'terminal', thus leaving the onus on the cancer patient making the declaration. For instance, you may consider a teenager with the prospect of less than five years of life to have a terminal prognosis but this may not necessarily be the case for an 85 year old, who may also die in the next five years. 'Terminal' is clearly open to wide-ranging interpretations and is therefore an elastic term.

Underwriters reading this article and contemplating their own understanding of 'terminal' may be interested to review a survey of doctors published in the *Journal of Palliative and Supportive Care*. This survey showed that in Norway, doctors expect a terminal patient to have 3.6 weeks (25 days!) of life. The younger doctors (27 to 39 years old) held shorter perspectives of 'terminal' than doctors from the older age groups. Not only did the understanding of 'terminal' vary by age, but the research showed that doctors of internal medicine and surgeons held significantly shorter estimations of 'terminal' than did clinicians in general practice, public health, and psychiatry. Clearly, even amongst doctors the definition of 'terminal' is dependent on the varying perspectives of the individual.

The problem with screening

Given the wide ranging complexity of cancer, the general public cannot be expected to understand all aspects of their diagnosis, the significance of past events or what an insurer may consider to be 'relevant facts'. Screening approaches are therefore severely handicapped by being reliant on self declaration. For instance, it is understandable that Mrs Brown with a recent diagnosis of liver cancer may not in her mind link it to her breast cancer 15 years earlier. In addition, those individuals who quite reasonably choose to adopt the coping strategy of 'do not want to know' are disadvantaged and put at serious risk of making an incomplete disclosure. Looking at it another way, it should be noted that from an insurer's point of view, self declaration helpfully transfers the responsibility for the declaration of the details of a complex medical condition to the applicant. This allows ample scope for a discussion on the interpretation of terms (e.g. 'terminal') to the point of claim, but is it in the patient's best interest? However, by far the biggest shortcoming of 'screening' is that it is often confused with case 'underwriting'.



When carrying out screening, the insurer reserves the right to underwrite an individual case declaration at the point of claim

Most individuals, having submitted to medical screening, will assume that their case has been underwritten and that they therefore have 'certainty of cover'. This is not the case. In carrying out screening, the insurer is simply performing an automated and generalised sifting process to help distinguish between categories of applicants rather than individuals. So for instance, 'lung cancer' is simply a broad categorisation of individuals with the same disease site, and not a specific cancer such as adenocarcinoma or squamous cell carcinoma of the lung. Each of the many different cancers affecting the lung has its own treatment strategy and disease trajectory. When carrying out screening, the insurer reserves the right to underwrite an individual case declaration at the point of claim. This approach delivers substantial cost savings to the insurer, as only a small number of cases need to be actually underwritten. But in so doing, the cancer patient is being denied certainty of cover as it is leaving him vulnerable to misunderstandings and inadvertent errors that may

not emerge until the point of claim – well after the opportunity for clarification has been lost. For example, Mrs Brown, in making a declaration of liver cancer, and not realising that it is metastatic disease from her diagnosis of breast cancer 15 years earlier, would not be made aware of her mistake until she makes a claim – only to see the policy voided on the grounds of an inaccurate screening declaration. From the patient's point of view, 'certainty of cover' is therefore a fundamental requirement in this high-risk sector where medical complications whilst on a trip can be financially crippling. In recognition of the systemic limitations of screening, insurers have almost exclusively focused on sifting out the lower end of the spectrum of complexity i.e. the longer term survivors. This is because as cases move up the spectrum from survivors to sufferers, there is a near exponential increase in risk. Screening therefore isolates and excludes a large group of individuals, who as sufferers are enduring the rigors of active, metastatic or terminal cancer.

As mentioned earlier, there are over 200 different types of cancer and each has the potential to spread (metastasise) to any other part of the body. With these disease permutations, the development of cancer underwriting mechanisms and algorithms is a fiendishly complex exercise. The process is further complicated by the wide spectrum of treatment options, each with a myriad of toxicity complications. For instance, in actuarial terms is it better to have a solitary metastatic lesion in two different organs or multiple small lesions in the same organ? Does it make a difference if the lesion is on a major blood vessel? Is it better to have radiotherapy or surgery? Amongst other factors this actuarial calculation is affected by the site of the primary disease, age, treatment protocol and the individual's toxicity response.

Underwriting factors

Apart from the more obvious clinical, statistical and risk rating issues, the development of an underwriting methodology is affected by:

- a) the presence of other pre-existing medical conditions (co-morbidity)
- b) choice of destination and,
- c) in an industry driven by legislation, compliance.

It may be worthwhile to briefly review these to see how they may impact on the underwriting process:

a) Co- morbidity or the presence of other pre-existing medical conditions:

Statistically, cancer predominantly affects those over the age of 65 years, and insurers are keenly aware of the adverse impact of this age group on their loss ratios. A cancer underwriter must therefore first be reconciled to offering cover to the over-65s and be able to quote for the usual range of over 65s' complications, including cardiac, respiratory, circulatory diseases, and so forth, before contemplating extending cover to those with cancer. In addition, apart from being at risk of recurrence or metastatic disease, individuals diagnosed with cancer have a higher statistical predisposition to the diagnosis of a second, but unrelated cancer. Any underwriting process must therefore be responsive not only to other medical conditions but also to the possibility of more than one primary cancer. In 2008, InsureCancer reviewed the case of a 66-year-old woman who was diagnosed with four successive primary cancers; colon cancer in 1980, endometrial cancer in 2000, duodenal cancer in 2004 and then in 2008, she was diagnosed with a lung cancer and metastatic liver disease. This lady planned to travel whilst in the midst of her chemotherapy. We granted cover, and I am happy to report that this trip was completely event-free.

b) Destination:

Given the seriousness of the disease and the gravity of the potential complications, cancer underwriting must be responsive to the choice of destination. For instance, although Greece may be a fairly benign destination, in the event of an emergency, a small remote Greek island may not be helpful in speedily accessing life-saving oncology resources. I am also concerned that emerging tourist destinations like the Cape Verde islands may not have the medical infrastructure to deal with serious cancer related medical complications.

For the same reason, is it sensible for an individual with advanced cancer to be insured for a trip to the Antarctic? And, does it make sense for a man with advanced disease and metastatic spinal involvement to go on an active sailing holiday in the Caribbean? In developing underwriting mechanisms, therefore, cases need to be evaluated not only in the context of the country, but also the specific destination and the



nature of the trip. To be of any assistance to cancer patients, conventional travel insurance screening approaches need to evolve rapidly as they generally still only see the world in four zones.

c) Compliance and legislation:

In the UK, apart from ensuring compliance in the Financial Services Authority's (FSA) new 'outcomes focused' rather than 'principles-based' regulatory regime, compliance officers may reflect on the fact that the Disability Discrimination Act 1995 was amended in December 2005 to specifically include cancer. The Act prohibits insurers from making generalised assumptions about groups of individuals with a disability – including cancer. Any cancer insurer would therefore have to tread carefully and must be able to show that screening is not based on process generalisations or categorisations of broad groups of individuals. The assumption that anyone with metastatic disease is always a 'bigger' risk may yet be challenged in court. An emerging concern for compliance officers in the UK is that the practice of withdrawing cover for newly diagnosed medical conditions has been challenged by the Ombudsman. He has expressed concern that insurers are effectively unilaterally varying policy terms after purchase by relying on the 'health warranty' clause discussed earlier. The Ombudsman has stated: "We do not necessarily consider the terms of such policies to be fair and reasonable – these firms are seeking to exclude from cover not only any medical conditions that the customer suffered from before they took out the policy, but also any medical conditions arising between the start of the policy and the start of the trip." Given the Ombudsman's stance, it is unlikely that this practice will pass the 'Watchdog' test. Compliant mainstream insurers, in seeking to protect their books from a midterm diagnosis of cancer, will now need to speedily identify a cancer underwriter able and ready to accept a transfer of these cancer risks.

In an increasingly politically correct world, cancer is unhelpfully ageist, sexist and racist. Understanding these statistical differences is actuarially very helpful but building an underwriting mechanism to account for these differences may be sensitive to legal challenge. In practice, it would not be possible, for instance, to establish the ethnicity of an applicant even though in underwriting terms this might be helpful. For instance, the incidence of primary liver cancer is highest in developing countries and almost unknown in the developed world, and men are four times more likely to develop liver cancer than women.

In the example earlier, Mrs Brown's declaration of a primary liver cancer would therefore immediately interest an expert interviewer who would be aware that statistically in the UK, this is unlikely to be a primary cancer. He would therefore be able to explore with Mrs Brown the possibility of metastatic disease – i.e. her previous history of cancer. The few examples of primary liver cancer in the UK are often connected to historic liver disease such as cirrhosis, which could also be easily overlooked in the process of making a cancer declaration. The expertise of the interviewer is therefore the key to minimising inadvertent errors at the point of declaration.

Understanding is key

Given these wide-ranging complications it is not surprising that insurers worldwide have had great difficulty in developing responsive and effective underwriting mechanisms able to offer cover to cancer patients. However, InsureCancer has evolved, piloted and implemented a cancer underwriting methodology that has successfully resolved the above issues. The underwriting methodology is based on a keen understanding of the specific cancer's disease trajectory and an integrated, fully correlated approach to the clinical, statistical and risk indicators. In every case, the patient is able to have a conversation with a specialist interviewer and outline their cancer experience in their own words. With a deep understanding of the management and treatment of cancer, it is possible for the interviewer to clarify key aspects of the declaration during the course of the conversation, eliminating the possibility of any misunderstanding. The patient's attending clinicians are also given the opportunity of offering their perspectives on the patient's treatment and stability. Every case is then individually underwritten using InsureCancer's methodology. As the focus of the methodology is on clinical fitness to travel, a terminal prognosis is irrelevant and plays no part in our underwriting process. From a patient's point of view, a major advantage of the approach is that the underwriting is carried out at the point of application, and therefore our cancer patients have the benefit of certainty of cover before embarking on perhaps the last trip of a lifetime.

Uniquely able to offer cover to patients at any stage of their cancer journey, our underwriting methodology is also responsive to those patients in the midst of their treatment, such as chemo or radiotherapy. The methodology has been shown to accurately identify those cases most likely to have

complications. By markedly reducing the frequency of claims and therefore eliminating the consequent adverse impact on loss ratios, premiums are very realistic and affordable. In the event of a claim, the wealth of case data makes it possible to track claims experience by case, diagnosis, treatment protocol and the extent of metastatic disease – correlating these factors to the actual disease trajectory thus further refining the underwriting process.

In a sector with very high average cost of claims, it is imperative to be able to confidently identify those unwise risks most likely to trigger a claim. However, reliant on broad categorisations and unable to make process changes, insurers with screening systems can only make spreadsheet driven rate adjustments in response to claims experience. It is this repeated rate adjustment to meet spiralling claims experience that has resulted in the very substantial premiums being charged for cancer patients.

The emergence of a case-responsive cancer underwriting methodology has made it possible to successfully offer cover at a realistic cost to patients at any stage of their cancer journey. However, too many patients faced with repeated screening declines conclude that they are uninsurable and therefore never travel abroad again. We are ready to work with mainstream travel insurers who at the point of decline can simply alert cancer patients to the possibility of contacting a specialist cancer insurer. As an industry, it is therefore possible for all of us to make a direct contribution to the lives of cancer patients.

For those of us committed to this sector, we should strive to achieve the following objectives:

- Engage cancer patients with compassion and understanding
- Eliminate the 'terminal' question from operating routines
- Ensure 'certainty of cover'
- Moderate premium expectations

It is cancer patients who are paying the cost of our industry's underwriting mistakes. As a specialist in providing cover at the 'terminal' end of the high-risk cancer spectrum, InsureCancer routinely offers cover for around £200 for trips in the EU and perhaps twice that for a trip to the US. As an industry, it must therefore be possible for insurers to respond to the concerns of our national cancer charities and give them an undertaking to moderate our premium expectations. An industry maximum of, say, £500 for the EU and £1,000 for the US must be realistic and more than adequate for all insurers in this sector. As an industry we must accept the ethical and moral responsibility to engage our skills and make a meaningful contribution to this very deserving but hitherto neglected sector of our community. ■

it must . . . be possible for insurers to respond to the concerns of our national cancer charities and give them an undertaking to moderate our premium expectations

Canada: a health system in flux

Canada's overstressed emergency rooms do not provide an inviting portal to the nation's healthcare system, long considered by international health experts as among the best in the world. **Milan Korcok** explores what this means for international visitors needing emergency treatment in Canada, as well as for the indigenous population



Almost weekly, newspapers and television stations amplify stories showing patients enduring 20 to 30-hour wait times in crowded hallways while provincial politicians do their photo-ops out front promising to funnel another few million dollars to relieve the pressure. On 20 February 2009, under the headline 'Province to Cut ER Waits', the *Toronto Star* reported (again) that patients with relatively minor health problems at the city's busiest ERs could expect to be seen, treated and discharged in about 6.5 hours, while at the main University Health Network sites, patients with more complicated diagnoses such as cancer, cardiac or neurological conditions might have to wait close to 24 hours or more to be taken care of. Health ministry

data show the majority of people admitted to hospital from an ER in central Toronto (representing 14 per cent of all patients who visit ERs) can expect to spend up to 31 hours in ER, including both treatment and waits. Those not admitted can expect waits of 14 hours from triage to discharge.

ER backups tend to get the headlines, but they do not stand in isolation. Nationwide, such backups reflect deeper problems running through hospital systems:

sicker patients, families without primary physicians using ERs for routine care, aging populations, patients taking up acute care beds who should be placed in alternative levels of care such as community-based long-term beds, and lack of funding to expand, innovate, renovate and build.

For tourists or other foreign visitors or expats experiencing medical emergencies while in Canada, the burden of wait times will neither be alleviated nor

exacerbated by their status as visitors as there is no option about where they will get their medical care. Normally, they will be taken to the closest hospital facility, endure the wait, be triaged, treated, and if necessary sent on to another level of care more appropriate for them, such as a tertiary care teaching hospital or university centre of excellence specialising in the treatment they need, such as for head injury, multiple fractures, or cardiac care.

Public or nothing

Despite delays and wait times, travellers and expats to Canada can still expect world-class hospitals and doctors, extensive transportation systems to evacuate or repatriate patients from all manner of locations

**the burden of wait times will neither be alleviated
nor exacerbated by their status as visitors**

– urban centre or remote sub-arctic bush – and assistance company access in virtually any part of this enormous country (the world's second largest in area after Russia). In fact, airlifting patients from ice-bound villages was pioneered in Canada and has become part of the nation's heritage as an aeronautical innovator – especially with skis fastened to the landing gear.

But unlike many European and Asian countries where private hospital networks catering to privately-insured patients run parallel to publicly-funded systems, Canada has only a single system of hospitals available to all residents and to tourists and visitors as well. No second tier. Almost all acute care hospitals in Canada are chartered and set up as 'private' not-for-profit institutions and are run by local boards of directors, regional health councils, or the university medical schools with which many are affiliated. There are no for-profit or investor-owned general hospitals and none set aside for the use of privately-insured patients. Neither are the hospitals owned by governments or the national health insurance system, known informally as medicare, although they rely on them for their operating budgets.

Private health insurance for medical services covered under medicare is also prohibited, although a legal challenge to such a prohibition has been upheld in Quebec, and private specialty hospitals and clinics are now cropping up across the country to challenge these prohibitions. (Recent surveys show there are now some 130 for-profit clinics currently operational, offering everything from MRI scans to specialised surgical procedures.)

Private insurance is restricted to supplemental items – travel insurance, dental care, drugs, long-term or nursing home care, disability cover, elective care, cosmetic services, and other items not ordinarily covered by medicare. Canadians are sensitive to the need for international travel insurance as Canada has

no reciprocal arrangement with any other countries for coverage of its citizens while abroad similar to that in the European Union. Foreign travellers to Canada are also not covered unless they are legal residents of the province they are visiting – short or long term. Consequently, an insured foreign traveller stricken by a medical emergency in Canada will not have the option of going to a 'private' hospital where the assumption may be that care, accommodations or access to technology or talent would be of a higher grade than in the 'public' system. The difference is that the foreign traveller or his insurer will be charged for their services – something that is not levied on domestic patients whose services are covered under global budgets allotted to hospitals by their provincial health agencies.

Furthermore, hospitals have a scale of rates they charge foreign patients that vary from province to province and even within locality and type of hospital, and administrators are not shy about



almost all acute care hospitals in Canada are chartered and set up as 'private' not-for-profit institutions



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admitting these revenues help 'offset' some of their indigenous costs. These charges can be five to six times what it costs to provide comparable services to domestic patients. So, if a foreign traveller gets sick in downtown Toronto, Montreal or Calgary, their insurer best be prepared to pay \$5,000 or so per day, or more, for their hospital care. However, cost containment companies working the Canadian landscape have been shown to modify these charges somewhat. International cost containment companies, many of them headquartered in Canada, are now an integral part of every international insurer's infrastructure covering patients anywhere in North America, but their dealings with hospitals are far different from those they employ with American hospitals. Because of the absence of private health insurance for core services, the American-style superstructure of PPOs, wholesale discounting for volume referrals by insurers, and third party managed care is non-existent in Canadian hospitals. Canadian hospitals do not have chargemaster rate manuals from which they negotiate discounts as Americans do because they do not charge the great bulk of their patients – medicare beneficiaries. Thus, the hammer and tong negotiations that American hospitals are subject to by such insurance giants as United Healthcare, Wellpoint and Aetna (with which many international cost containers sometimes partner) do not exist in Canada. That is not to say that cost containment companies are irrelevant in the Canadian healthcare environment, just that they have a different role, and that is to see that the bills they are presented with – which can be substantial – are tested and sometimes challenged. Mike Starko, managing director of OneWorld Assist Inc., notes that negotiations with

Canadian providers can be a completely different type of negotiation compared with US hospitals. For some health regions, non resident customers or insurers will not be offered any discounts and are simply not even set up to negotiate bills. Few hospitals are managed like a business, resulting in



Canadian hospitals do not have chargemaster rate manuals from which they negotiate discounts as Americans do

limited availability of discounts.

"As healthcare budgets get squeezed," says Starko, "more and more health regions and specific hospitals are focusing on and managing revenues from other sources, including non resident patients. They are starting to use collection agencies for unpaid bills, which only a few years ago would have been unheard of in Canada. We are also seeing non-resident billing rates rise at a faster rate than the corresponding inflation, as this segment is now being viewed as an important revenue stream. The good news is that more providers are now willing and able to negotiate with cost containment companies in exchange for quick payment."

A system undermined

Will tourists to Canada and expats get the quality of care they expect of a system that has in the past been highly rated internationally? The short answer is Yes, but not as unconditionally as they might have a decade ago and not without some cost in terms of waiting in a system that is essentially undermined. The problem is there are just not enough doctors, they are unevenly distributed, and for well into the future Canada will have to rely on foreign-trained physicians, many from countries in far more desperate need of doctors than Canada. The College of Physicians and Surgeons of Ontario recently announced that 42 per cent of the record 2,961 physicians it licensed in 2006 were foreign-trained doctors and, for the third year in a row, more were IMGs (international medical graduates). With about 4.5 million Canadians reporting that they had trouble finding a family doctor last year, the shortage is 'untenable' nationwide, says the College of Family Physicians of Canada. The College says the country needs approximately 3,000 more family doctors, warning that the shortfall could hit 6,000 by 2011. The result of these shortages of manpower and technology is that about one million Canadians are on waiting lists for healthcare procedures and five million people (out of a total population of just

less than 34 million) do not have access to a family doctor. According to the OECD, Canada is now 26th out of 28 in its doctors per population ratio – almost neck and neck with the US and UK. But lack of domestic medical manpower output, at times exacerbated by government decisions to squeeze down on medical school enrollments as a way of restraining national medic costs, has become chronic.

Economies of scale

The paradox in this picture of attrition is that Canada's healthcare costs have now risen to record levels, estimated at \$171.9 billion in 2008, \$5,170 per capita, or 10.7 per cent of GDP. This represents total public and private spending. These levels push Canada into the upper stratum of countries in the OECD along with the United States, Norway, Switzerland, and Luxembourg. The US remains by far the biggest spender at about 16 per cent of GDP

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negotiations with Canadian providers can be a completely different type of negotiation compared with US hospitals

in 2008 and over \$7,000 per capita.

Have these costs and manpower pressures resulted in lowered quality of care or sub-standard hygiene levels? Are visitors to Canada at increased risk of hospital infection or worse? Not likely, but according to Canadian perceptions of their healthcare access and quality, it isn't what it used to be. And continuing media reports of MRSA and C difficile infections (particularly in Quebec hospitals) have not eased these concerns.

In the 1970s and early 80s, when healthcare costs amounted to only about seven per cent of GDP, medicare was the nation's single most prominent social achievement according to poll after poll. At that time, more than 80 per cent of Canadians polled assessed their healthcare system as 'very good' to 'excellent'. But despite the increased spending, public appreciation of the healthcare they receive has plummeted. Now, most polls show only a bare majority of Canadians think their healthcare is good or better. According to an Ipsos Reid poll, 61 per cent of Canadians thought of their healthcare system as 'excellent' or 'very good' in 1991: in 2000, only 29 per cent thought so. In 1991, 12 per cent thought it 'fair' to 'very poor' – a number that increased to 34 per cent in 2000.

Historically, Canadians have been intensely proud of medicare since its adoption 40 years ago. Its emphasis on egalitarianism exemplified the nation's social values say its proponents. To just as many others it was something 'The Americans' didn't have. In essence, many Canadians have a proprietary ideological attachment to medicare that offsets its apparent shortcomings. But the deterioration of respect for the nation's healthcare over the past decade has been augmented by a polarising debate over the role of the private sector in what has been a rigidly controlled single payer system.

Last summer, Dr Brian Day, the outgoing president of the Canadian Medical Association (CMA), threw fat into the fire when he told the CMA annual meeting: "The private-public rhetoric on healthcare is a relic of tedious and tiresome propaganda. Those who

relentlessly argue against and demonise the private sector need a reality check." Dr Day owns and runs a private specialty hospital in British Columbia and has for several years been in the vanguard of a greater private sector role in Canada's health system.

At the same annual meeting, Dr Robert Ouellet, incoming CMA president (who owns and runs five private medical imaging clinics in the Montreal area), pushed the case for private expansion even further when he asked: "Does it make sense, in the face of a shortage of operating rooms, to ban surgeons who provide 90 per cent of their services in a hospital from performing five to 10 per cent of their surgeries in private clinics?" This is a reference to prohibitions across the country preventing physicians from working in both private and public systems. The rule is: one or the other. Such rules, said Dr Day, have a

deleterious effect on Canada's medical manpower – already critically thin by international standards. Despite these conflicting tensions, Canada's political parties have shown little inclination to challenge the basic tenet of medicare – that it remains a single payer government monopoly funding system free of undue intrusion from the private sector. Yet, a recent Supreme Court case in Quebec recently ruled that a prohibition on private insurance for patients who could not be appropriately taken care of by their provincial coverage was unconstitutional. And in the provinces of Quebec, British Columbia and Alberta, private, for-profit specialty hospitals and clinics (knees, hips, diagnostic services,) are being set up and investors, many of them international, are seeking permission to provide the basic services medicare can't. Does this mean better access to a wider range of

service for foreign visitors? Not unless they have come to Canada as medical tourists. The few for-profit clinics that exist are largely prohibited from providing the kind of emergency hospital care foreign tourists are covered for by their travel policies. For them, the general community hospital will be the first choice for any referral. Neither will they qualify for the knees, hips, diagnostic imaging and other supplemental services the for-profits specialise in.

Cross-border care

In a not uncommon report, *Toronto Globe and Mail* reporter Lisa Priest in January 2008 wrote that more than 150 critically ill Canadians – many with life threatening cerebral hemorrhages – have been rushed to Michigan and New York State hospitals since the spring of 2006 because they could not

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The problem is there are just not enough doctors

Canadians by the thousands now go to the US for diagnostic imaging, radiation therapy, brain injury, cancer treatment, joint replacements, and a growing list of procedures not available to them in Canada. Sometimes these patients pay their own way, but most go at provincial expense under contracts written between provincial health ministries and US health centres. Despite the sometimes acrimonious debates about the need for more consistent funding of healthcare and medical education, the quality of medical care one may expect in Canada is still high, particularly at the major university-centred networks of teaching hospitals such as those affiliated with McGill University in Montreal, the university of Toronto network

obtain intensive care beds in Ontario. British Columbia too was forced to send patients with spine injuries to Washington state hospitals, and neighbouring provinces Alberta and Saskatchewan

have also been forced to relocate emergency patients to the US. But because foreign travellers are not covered under medicare, their travels to US specialty hospitals would not be covered by any

Canadian government programme, although there would be no reason – other than economics – why their insurer could not foot the bill to relocate them from Toronto to a brain injury clinic in Cleveland. When Robert Bourassa, former Premier of Quebec, needed cancer treatment, he crossed into the

(which includes such internationally renowned institutions as the Hospital for Sick Children), Dalhousie in Nova Scotia, the newer campuses such as McMaster University hospital in Hamilton, or Memorial University in Newfoundland; or the university centres in British Columbia, Alberta, or

Foreign travellers to Canada are also not covered unless they are legal residents of the province they are visiting

US and obtained it at his own expense. When a leading Member of Parliament was diagnosed with breast cancer, in 2007, she went to the M.D. Anderson Center in Houston for treatment, at her own expense. Not all are tethered to waiting lists.

Ottawa. As in the US, not-for-profit tertiary care centres affiliated with the nation's medical schools rank as the top hospitals on everybody's list. The Canadian medical landscape is a highly sophisticated environment where world-class technology and talent are conflicted by stresses that impact many other less wealthy countries. With health costs rising faster than major economic indices, GDP, consumer price index or wages, Canada is no different from any other developed country. What makes the dynamic so paradoxical, is that though it is quite clear government is not adequately funding what Canadians think is their birthright, it, along with a majority of Canadians still rejects private sector funding healthcare – even though hundreds of millions of dollars in private investment capital stand ready to be transfused into it. ■

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A global reach

Christine Francis-Herrin, director of international business development for Global Excel, spoke to *ITIJ* about her past as a flight nurse, the problem with PPOs, and what the future may have in store for her

Where were you born, where did you study, and where do you live now?

I was born in a small town in Pennsylvania, but grew up in Manassas, Virginia, 30 minutes southwest of Washington D.C. I attended nursing school and completed my registered nursing clinical requirements at the Riverside Hospital School of Nursing in Newport News, Virginia, while completing my scholastic requirements at Christopher Newport University. The day after graduating from nursing school, I packed up and moved to Texas, where I took my exams and started my nursing career. A year later, I joined the travelling nurse corps, which brought me to Central Florida where I've lived for more than 20 years. I currently live in Winter Garden, a suburb of Orlando.

How did you come to work in the assistance and cost containment industry?

The big changes in my career came about 20 years ago when I injured my back on the job, and this ultimately ended my days of bedside nursing. At the time, I worked the weekend night shift in the Surgical-Trauma Intensive Care Unit at the Orlando Regional Medical Center. I loved the fast-paced environment and never knowing what was coming through the door, but my injury changed all that. After back surgery, the hospital allowed me to work in the utilisation review department, which provides patient status updates. For me, it meant being buried in charts all day and I found myself very bored. I only did this for six months. In the summer of 1990, I left the hospital environment and took a job working for a private case management company. This allowed me to travel locally and ultimately nationwide to visit injured or sick people and to help develop healthcare plans for them that fitted their insurance. Ultimately, this company went onto become part of CCN – a nationwide PPO company now better known as First Health. It was during this period (in the early 1990s) that a broker walked into my company's office with a British visitor named Colin Harris. He was looking for someone to provide him with a solution to contain his medical costs in the US. I was approached to take on this project and have never looked back!

What has been your greatest achievement since joining Global Excel?

I joined Global Excel in January of 1999 after having worked for CCN for nine years. At the time, Global Excel only provided cost containment and assistance services to Canadians, and employed about 50 people. While I maintained my life in Florida, for the first couple of years I practically lived in Canada as my role was to develop a way to expand the company's services outside of Canada – my territory at that time

was the whole world!

I worked alongside the medical director and the cost containment team director (Nick Fitzsimmons) to determine our marketing strategies, develop internal procedures catering to a global market versus a Canadian market and to ultimately pitch our product to the world. After ten years with Global Excel, I am most proud of the growth we have experienced – having started without any international clients we now provide cost containment services to over 260 clients in 34 countries, and have over 350 employees.

In a recent GE article, the current PPO model is described as 'lacking and archaic'. How can this situation be improved? How should the PPO evolve?

At one time, most PPOs had competitive contracts that were based on per diems and/or case rates. Now, the majority of PPO contracts provide discounts based on a percentage off billed charges. These discounts have declined significantly over the years. Traditionally, being 'out-of-network' was considered a problem; now we often hear payers refer to 'in-network' PPO affiliations as a liability. Without a doubt, the existing PPO model is flawed but to single this group out as the only problem would be very short-sighted. The survival of the PPO industry depends completely on the true value they ultimately provide and right now that value is declining. What is very clear is that the entire US healthcare system needs to evolve; otherwise, you're treating the symptom and not the disease.

How can payers best make sure they negotiate with medical providers a price that is 'usual, customary and reasonable' with regards to out-of-network care?

'Usual, customary and reasonable' are terms that are constantly thrown about in our industry. But what good is a 'usual' price if all it represents is an average of over-inflated prices from other hospitals in a specific area? Just because it's 'customary' for healthcare providers to exorbitantly overcharge, does that make it 'reasonable'?

Approaching a medical bill to determine what should be paid is like approaching a car dealer to buy a new car. Most people know before they go to the dealer exactly what they should pay for that car. They have checked out the costs of the extras and seen what the other dealerships charge and determined what they can afford to pay. They also ask themselves if the price being charged is equivalent to the benefits of the product being offered.

The approach to a medical bill is very similar. You have to know clearly from your experience with that

facility their history of profits and average discounts, what things actually cost the provider, and the medical protocol and billing expectations for each diagnosis. So, instead of asking only what is 'usual, customary and reasonable', at Global Excel, we ask what a fair price to pay is, based on over a dozen different factors. Although we have established an evolved network of valuable contracts with top facilities, we negotiate a majority of the non-contracted volume we manage, and our savings average higher than the PPOs because we use multiple resources and approach each bill individually in order to maximise savings.

Global Excel is a wholly-owned subsidiary of ETFS, and is the sole provider of assistance and cost containment services to ETFS customers. Bringing all these services 'under one roof' has its advantages, but is considered by some to be contradictory. How do you make sure all your departments work together harmoniously to ensure top quality care at a price that is agreeable?

While we are a subsidiary and are housed in the same complex, we run quite independently. etfs is in fact seen as a client of Global Excel and actually represents the smaller portion of our overall business. etfs markets and sells travel products strictly to Canadians, so for our clients outside of Canada there is no conflict. In fact, having a very close knowledge of the insurance side of the business – an underwriter's focus – has actually helped us at times to better anticipate and understand the needs of our clients.

What does Global Excel have in the pipeline? What does 2009 have in store for Global Excel?

Although it's a turbulent time worldwide with the economy and it is likely that long-haul leisure travel into North America will be down for the next 12 to 18 months, we are in a very stable situation. Our business doesn't focus on servicing only leisure travel products and as some markets and products that we service will dip, other segments of our business will get stronger. This spring we will begin working with our first client from the African continent and we've grown our presence in the US and the Americas significantly. We will continue to focus on growing our existing markets but as always, we'll be looking to see what other opportunities are out there.

If you could work in any other industry or any other role, what would you be and why?

Until the recent economic downturn, I always thought my 'second career' would be real estate sales. But the more I learn about this industry the less desirable it sounds to me.



I hope I can give many more years in our industry but if I could do anything and money did not matter, I'd love to do something that allowed me to meet and help people. Who knows, someday you might visit Disney World and find me greeting you!

What do you do in your spare time?

What is spare time? Currently I spend a great deal of time with my aging mother. But I still have time left over for the new puppy in our house and for time at the gym. My husband and I enjoy barbecuing and in our old age hope to be one of those couples you see travelling the barbecue circuit across the US!

What is your guiding philosophy/ what motivates you?

I have a deep respect for the Allatt family (the owners of Global Excel). My desire to do well for that family keeps me coming to work every day. I have always felt that when I sell Global Excel, I am selling myself and the rest of the people at Global Excel – this keeps me honest and true to my principles and I hope my customers see that. I have been very blessed and fortunate to have the life I lead and I try hard to never forget that.

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Abu Dhabi shows resilience

Although there has been much discussion in the media about the recession being felt in the UAE more deeply than in many other countries, it seems that healthcare provision is not feeling the pinch. A new hospital for workers is currently under construction in the Al Mafrag area of Abu Dhabi, and United East Medical Company has said that it is beginning a 10-year project called Health Plus, which will establish 25 clinics that aim to have international standards. Mohammed Ali Al Shorafa, managing director and CEO of United East Medical Company, was interviewed by *The Khaleej Times*, a local newspaper, to discuss both projects. Regarding the construction of the new speciality

hospital in Al Mafrag, Shorafa noted that Abu Dhabi has 'witnessed an economic boom and is developing in all sectors', and it is one of the government's top priorities to establish a new line of clinics and other healthcare facilities that provide services to nearby accommodation areas at any time. "In the short term," continued Shorafa, "we have to set up three clinics this year, with two of them being specialties for women and children and the third for families. And by 2011 we have to establish eight more centres." The clinics will also provide cosmetic surgery, and Shorafa added that he has plans to open small dental clinics as well at some point in the future.

When asked about how he planned to ensure that international medical standards were being used in the new clinics, Shorafa said: "We have reached an integrated partnership with the private sector, as we have done with Park Way Medical Services Company, based in Singapore, a developer on the international scene. This company has tie-ups with 18 international hospitals around the world; this will help us achieve international standards."



Bluegrass teams with Assist America

Bluegrass Family Health Inc., which offers group health insurance to businesses in Southern Indiana and Tennessee, has partnered with Assist America to protect its members with emergency travel assistance as part of their employee benefits. Effective immediately, the assistance company will support Bluegrass members and their dependents with an array of services that include medical referral and monitoring, emergency medical evacuation,

repatriation and a guarantee of hospital admission. George Howard, president of Assist America, said of the partnership: "We know that exceptional customer relations and responsible business principles are driving forces for Bluegrass Family Health. With Assist America's services – offered without many of the limits and restrictions of other assistance providers – Bluegrass Family Health fulfils those goals, even for members who travel away from their home safety zone."



Expatriate website goes live

Expatriate Healthcare, an international private medical insurance provider based in the UK, has launched a new website that offers the added benefit of an online broker facility. The company says this will enable brokers to complete fulfilment and enrolment

of its international plans and to track their commission at the click of a button. The section is dedicated solely to brokers of IPMI, and offers a cost-effective alternative to account management and administration, as brokers can use the system to provide clients with immediate policy schedules; update and access client records around the clock; track commission payments and collect their premiums; review all quotations made and historic purchases; and gain access to the latest information on products and services.

Expats to gain as policies cover continent

Britons buying private medical insurance that offers medical cover in the UK could soon find that they are also covered for treatment within the European Union (EU), as an EU draft directive published last July appears to enable European citizens to have state medical and dental care wherever they like within Europe. British insurance companies have reportedly voiced their concerns to the EU committee of the UK's House of Lords, claiming that by increasing the geographical area included in the coverage, premiums would be exponentially increased as well. The Lords' view is that the directive applies 'to the provision of healthcare, regardless of how it is organised, delivered or financed or whether public or private'. The Lords have fallen back on instructions from Androulla Vassiliou, the EU health commissioner, who confirmed that it would be for the patient to decide whether to access cross-border treatment 'through public or private healthcare and that the directive would apply to private insurance providers'. Ms Vassiliou said the principle had been laid down in 2007, when a court ruled that the Grecian health

authorities should reimburse a Greek national who underwent treatment in a UK private hospital. Unsurprisingly, the Association of British Insurers (ABI) is not in favour of the directive being applied to private medical insurance. Representatives of the ABI told a recent enquiry into the issue that 'the primary purpose of the directive relates to state-provided healthcare', and that the association has 'particular concerns about the possible increase in insurance costs that could be passed on to consumers through increased premiums'. The problems really stem from the fact that the UK's health system is different to most of those in the rest of Europe, where nationals generally use private medical insurance to supplement and complement the healthcare provided by the state; whereas in the UK the National Health Service is completely free at the point of care. The concern is that the European policy has been designed for the majority of Europeans, but it doesn't quite fit well with the UK's system of care.



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Premium rise decided in Oz

Nicola Roxon, Australia's health minister, has given health insurers permission to raise private health insurance premiums by six per cent this year from 1 April. The rise will, in real terms, add around A\$3 a week to an average family's health insurance bill. The rise is significant as it is the largest seen in several years – the rise in 2008 was only 4.99 per cent, while in 2007 it was 4.5 per cent.

Ms Roxon has experienced a mixed reception from the health insurance industry since her appointment, but the feeling is that she has responded to calls from the industry to consider various issues when deciding the amount of the increase. Ms Roxon said she believed the hike is necessary due to a combination of an increase in benefit payments, rising health service costs and global investments that have done worse than expected.

Michael Armitage, chief executive of the Australian Health Insurance Association, commented: "This increase ... has to be taken in the context of health inflation being 6.5 per cent, and the public sector asking the minister for a nine-per-cent increase and being granted a 7.3-per-cent increase."



Firms maintain health plans

Research from UK-based Hewitt Associates has found that most British companies are expected to maintain their employee benefits during the recession in an attempt to retain staff so they are ready when the recovery does eventually come. The survey, which was carried out on behalf of corporate and

individual health plan provider HSA, discovered that eight out of 10 businesses will not be cutting back on their medical, dental and disability benefit plans, while some other companies indicated that they would instead be increasing the investment in their employee benefit packages.

The research also found that: "Benefits that improve employees' overall wellbeing and help them to manage stress seem to be particularly popular, including health and wellness programmes."

Tim Clarke, benefits practice leader with Hewitt Associates, added that the majority of employers interviewed for the survey see the wellbeing plans as one of the best ways in which to increase staff loyalty and improve the amount of effort staff put into working for the firm.

US sees steady rise

According to a survey published recently by Watson Wyatt and the National Business Group on Health, US employers are expecting that increases to employee health benefit costs will remain steady at around six per cent in 2009 – still twice the rate of inflation. Ted Nussbaum, group and healthcare practice expert at Watson Wyatt, commented on the findings: "Cost increases have stabilised, but the financial crisis is causing many companies to re-evaluate their health plan strategies."

The survey demonstrated that many employers in the US are offering more consumer-directed health plans in order to try and control their costs. Fifty-one per cent of companies surveyed now offer workers a consumer-directed plan – an increase from 48 per cent in 2008. Despite economic hardship affecting hundreds of companies, 86 per cent of employers asked said they have no plans to cancel or even delay any of their employees' insurance programmes. Instead, some are turning more to offering preventive services to their staff in order to maintain a healthier workforce in general.

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Independent national life insurance advisory company illnessPROTECTION.com Inc. has proclaimed the launch of ELITE US Healthcare™ insurance, which aims to provide Canadians with 'no wait' access to medical centres of excellence within the US. The insurance policy will be available through insurance advisors, wealth managers and financial institutions, and will provide Canadians with up to US\$5million of cover for treatment and travel costs, including an instant second opinion and a private case coordinator who will oversee the diagnostic, treatment and recovery process. President of illnessProtection.COM Inc. Mark Halpern believes the product will be extremely beneficial to those clients who are stressed about having to wait for treatment: "Average waiting times for treatment in Canada now range from a minimum of 13 to 28 weeks, so there is a need for affordable protection ... this product helps to reduce emotional stress for patients... [and] all premiums are tax deductible and benefits are received tax-free."

Cleveland Clinic Canada assisted the company in the development of this insurance product through offering its knowledge on marketplace requirements, and introduced the idea for an immediate second opinion through its own service 'My Consult'. The plan is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Global Excel Management Inc.

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

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Grapevine

Heart attack surgeon saves life

Italian surgeon Doctor Claudio Vitale completed a brain operation on a patient whilst in the midst of suffering a heart attack. The 59-year-old performed the operation for a further 30 minutes knowing that the patient would not recover if he stopped to seek treatment for himself. Both doctor and patient are recovering in the intensive care unit at Cardarelli hospital, Naples. Despite the circumstances, Dr Vitale maintained: "I'm not really a hero, I just did my job."



Air rapper

US flight attendant David Holmes has found a unique way of getting passengers to listen to safety instructions – by rapping them! During his route on Southwest Airlines, David keeps passengers entertained and aware by rapping the pre-safety announcement, which has had almost 100,000 hits on YouTube, according to *The Sun*. He commented: "I take them by surprise. I usually don't tell them I'm going to do it. People were telling me, 'That's the first time I ever listened to the emergency instructions'." The rap lasts for just 80 seconds, but seems to get the message across. One Brit, Wayne Short, witnessed the rapping attendant in action on a flight from Washington DC

to Las Vegas and said: "It was brilliant. Everyone was clapping and cheering at the end. I've definitely never seen it happen on British Airways." David's rap includes the lines: "We know you're ready to get to new places – open up the vents, put away your suitcases. Carryhold items go under the seat – in front of you so you got nothing by your feet," and ends: "Sit back, relax, and have a good time, it's almost time to go so I'm done with my rhyme. Thank you for the fact that I wasn't ignored, this is Southwest Airlines, welcome aboard!"



Tongue insured for £10m

Chief coffee taster Gennaro Pelliccia has had his tongue insured for £10 million by Lloyd's of London, to protect his ability to discern thousands of coffee flavours using only his tongue. Mr Pelliccia has eighteen years' of experience in tasting coffee and personally samples each batch of raw coffee beans at his London plant before they are roasted and shipped to stores worldwide. He said: "My ... experience enable[s] me to distinguish between thousands of flavours, [and] in my profession my taste buds and sensory skills are crucial ... and allow me to distinguish any defects." His tasting ability is responsible for the sale of 108 million cups of Costa coffee per year, and the company aims to double its number of outlets in the near future. A spokesman for Lloyd's broker Glencairn Limited commented on the significance of the insurance policy: "The taste buds of a master of coffee are as important as the vocal cords of a singer or the legs of a top model, and this is one of the biggest single insurance policies taken out for one person."



Brit's bizarre holiday grievances

Telegraph Travel has used research from the Association of British Travel Agents (ABTA) and Thomas Cook to devise a list of the 20 most bizarre complaints received by tour operators this year, with the sighting of an aroused elephant topping the list. Other peculiar grievances cited by British holidaymakers included the sand being too white, too many fish in the sea, too many Spanish people in Spain and too much curry served in restaurants in India! One Briton went so far as to complain that his travel agent failed to tell him to wear swimming shorts during his excursion to a water park; another tour operator was blamed for not telling a traveller that mosquitoes could, indeed, bite; and one vacationer even complained that his friend's three-bedroom apartment was 'clearly bigger' than his one-bedroom accommodation. According to a spokeswoman for ABTA, the company has witnessed a rise in complaints in recent years, with 22,000 registered complaints made to ABTA-recognised operators in 2008, compared to a lesser 19,552 the previous year. A spokesman for air passenger watchdog the Air Transport Users Council also said that the number of complaints it received during the first three months of 2009 had increased by more than 10 per cent when compared to the same period last year.

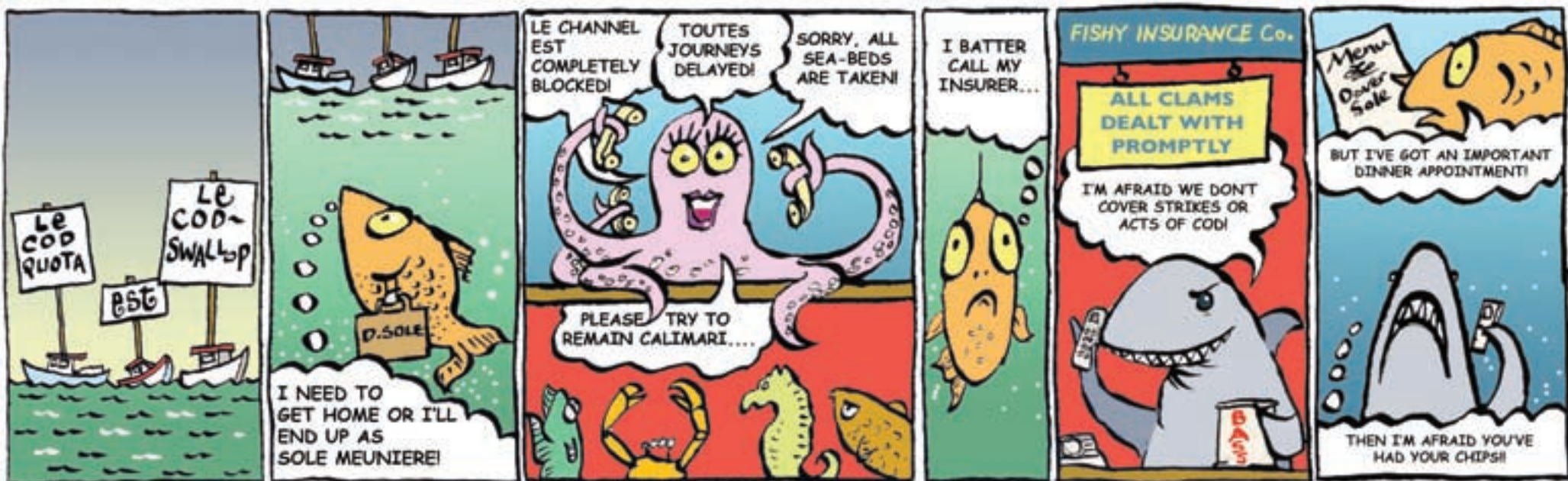
DIARY DATES

- 19-20 May
International Travel Insurance Conference – Domestic
Randolph Hotel, Oxford, UK
www.itic.org.uk
- 1 June
Insurance Day Summit
Hamilton, Bermuda
- 3-6 June
America's Health Insurance Plans Conference - *San Diego, CA, US*
- 7-10 June
Insurance Accounting Systems Association Meeting
Orlando, FL, US
- 7-10 June
45th International Insurance Society Seminar - *Amman, Jordan*
- 15-16 June
5th Insurance Executives Summit on Technology - *Singapore*
- 16-18 June
International Travel Insurance Conference – Pacific
Mandarin Oriental Hotel, Bangkok, Thailand - www.itic.org.uk
- 17-18 June
Customer retention in retail financial services
Hilton Hotel, Euston, London, UK
- 1-4 July
Global Risk Conference
Cardiff University, UK
- 7-9 July
National Conference of Insurance Legislators
Philadelphia, Pennsylvania, US
- 16-18 July
Independent Insurance Agents Conference *Wisconsin, US*
- 22-23 July
3rd Asian Conference on Microinsurance - *China*
- 11-13 August
Vermont Captive Insurance Association Meeting
Burlington, VA, US
- 29 August-1 September
Chartered Property Casualty Underwriters Society Meeting
St Johns, Newfoundland, Canada

The Claimers

illustrated by Chris Duggan, story by Ian Cameron

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Adamson joins JLT

JLT Benefit Solutions has chosen Mark Adamson as client director, working across the company's administration services. Malcolm Reynolds, commercial director of JLT, noted: "I am very pleased to welcome Mark to my executive team. Mark brings a wealth of experience and will assist me and my team in driving forward our administration proposition and client management disciplines." Previously, Adamson worked for HS Administrative Service and Edis Partnership Ltd, where he was managing director for both organisations. Adamson himself said of his new role: "I am delighted to be joining both a well established and reputable business and look forward to bringing my experience to the party. Everything I have seen so far confirms my thought that I have joined the right company at an exciting time, a company with ambition and the drive and ability to achieve it."

AMA chooses CEO

Asia Medical Assistance (AMA) has announced the appointment of Jane Bailey as its CEO. Bailey, a former employee of Bangkok Hospital, joined AMA in February this year, her main aim being to further the development and expansion of the company, with a particular focus on ensuring seamless operations and expansion of the firm's network in the region. Bailey said: "I am delighted with the new role and challenges that I face, but my previous experience in the healthcare sector gives me a head start into medical providers within the region, which can only be beneficial from an insurer and assistance perspective. My goal is to try and combat cost containment within Asia, develop a solid and reliable network of providers and deliver an impeccable level of service to our clients."

Giles promoted at Chubb

Chubb Insurance has announced the promotion of Chris Giles to international field operations manager for the Chubb Group of Insurance Companies, effective January 2010. Giles has held his current role as CEO of Chubb Insurance Europe since 2002, during which time premiums grew by 25 per cent and record profitability was achieved. Prior to this position, he spent four years as CEO of Chubb Asia Pacific, based in Singapore. In his newest role, Giles will have overall responsibility for the Europe, Canada, Asia Pacific and Latin American zones within the Chubb Corporation.

Non-executive directors chosen at Fortis

Fortis Insurance UK has strengthened its life and non-life strategic decision making with two independent non-executive director appointments: Mike Urmston has been chosen to join the board of Fortis Life UK, while Julian Hance has been appointed to the board of Fortis Insurance Limited. The firm noted in a statement: "The appointments are key to the continued growth of the company in the UK, complementing the industry expertise of the Fortis Board and further building on its ... strategy for growth." Urmston brings nearly 40 years of financial and commercial experience in the life insurance industry, having played a significant role as one of the senior team responsible for growing General Accident Life into Aviva. He said of his new role: "In these interesting and challenging times for the market,



Julian Hance

it will be those providers that are truly focused on their customer needs that will prevail. Having led a successful life insurance business through both difficult and favourable market conditions, I am delighted to have the opportunity to work with this experienced team of life protection experts and to contribute my own market expertise to further strengthen this new and innovative market proposition." Hance, meanwhile, brings to the board over 30 years of financial services experience, including nearly 20 years with RSA, the last six as group finance director. Commenting on his appointment, Hance said: "Fortis has a well deserved reputation for consistently providing excellent service. There is tremendous scope for building on this well established position, expanding into new markets and extending the product range."



Mike Urmston

Thiam to succeed Tucker

Mark Tucker has informed the board of Prudential plc that he intends to step down as group chief executive on 30 September after four and a half years. His replacement as of October this year will be Tidjane Thiam, currently chief financial officer. In his 25 years at Prudential, Tucker has worked across the business in the UK, US and Asia. He was chief executive of Prudential Corporation in Asia before being appointed group chief executive in 2005. Thiam joined the company in March 2008 from Aviva, where he had worked for six years in

core leadership roles. Harvey McGrath, chairman of Prudential plc, commented on the news: "Mark has made an outstanding contribution and has led the transformation of Prudential into the strongest and best focused company in the sector, with a diversified international presence in advantaged regions and markets. He is a world-class leader and we are very grateful to have had his leadership, vision, drive and commitment." Tucker himself said that his decision to leave the company had been one of the hardest of his life, adding that he was 'deeply proud' of what the company had achieved during his tenure.



Chris Giles

From 1 May, Giles also assumed the role of deputy international field operations manager, working alongside Jan Tomlinson, who currently holds the position of international field operations manager, until she retires at the end of the year.

Harty named as CFO of Raisbeck

Raisbeck Engineering has promoted Pat Harty to the position of chief financial officer (CFO) of the firm. Harty, formerly Raisbeck's controller, is now responsible for all financial contracts and expenditures of the company as well as overseeing the firm's business activities. CEO and board chairman James Raisbeck commented on Harty's promotion: "Pat brings with him the experience and background in small

New head of travel claims for EA

Europ Assistance (EA) has recently appointed David St Clair as head of travel claims. Speaking about his new role, St Clair said: "In recent years, EA has firmly established itself as a key player in the UK travel insurance industry [and] I am excited to be joining at a time when our travel portfolio is continuing to grow. I look forward to this new challenge with EA to continue to provide a first-class, customer-friendly, cost-efficient travel claims service through a challenging economic climate." St Clair started his career in the financial services arena working for Barclays Bank, where, during a 10-year tenure, he worked in departments including debt management, training and development, and operational management. He then joined Norwich Union and over the past decade managed both claims and IT functions. Paul Everett, sales and client services director for EA, commented on the appointment: "David is an experienced insurance and claims professional and brings with him a wealth of knowledge. I am delighted that he is joining us to further develop our travel claims division, [as] we have recently taken on a number of new travel insurance accounts, which will require us to continue to provide the high level of customer service that our clients and their customers have come to expect."

Staples moves to Rightpath

Rightpath Insurance Solutions has bolstered its management team with the appointment of Paul Staples in the position of head of operations; he was previously claims and assistance manager for Mondial UK. As part of the company's growth plans, Rightpath has created the role in order to oversee the delivery of service excellence across new and existing services. Andrew Commins, managing director, commented: "We're delighted to see Paul join Rightpath. He has a wealth of technical knowledge and experience, and will add further strength and depth to our business."

entrepreneurships and larger aerospace companies such as Pratt & Whitney, an organisation with which we have frequent and multiple ties. With Pat taking over our financial and contracts responsibilities, Sam Jantzen can dedicate more of his energy to the marketing, sales and operations side of our efforts."

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