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Brexit and EHIC Health Provision for Travellers

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Healthcare systems in Europe are among the best in the world, but they vary considerably from country to country depending on several factors such as the economic, political and working culture of the country and demographic trends. West European health systems achieve a high degree of equality in access to care, often virtually free of charge. Their quality can be of significance for the British traveller who becomes ill within the European Union. The EU Directive of Cross-Border Health Care[1,2] guides the provision of services available to transEuropean travellers and those who migrate to countries within the union. Health resources and facilities vary widely between EC countries, which will determine the quality of health care provided to the traveller in emergency. For instance,the number of physicians varies quite markedly as noted in diagram 1.

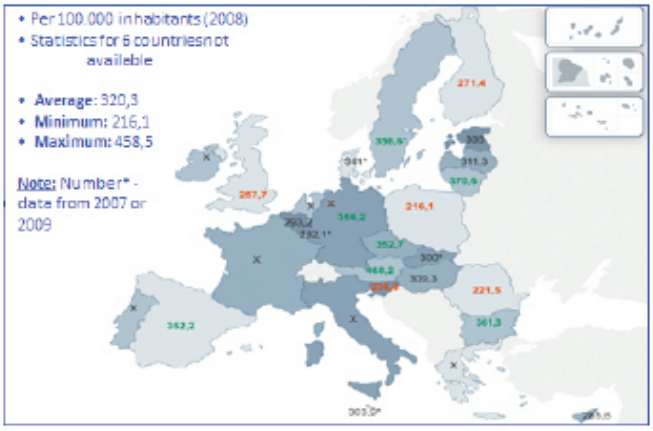

Diagram 1: *Practising physicians in the EU*

The whole European health-care System is complicated with the concept of 'care' very heterogeneous among different, national traditions and cultures in Europe. There is no universal right to social care. Europe has two types of healthcare systems :-

Beveridge : Universal health system where health care is paid for and organized by the government with money from income taxes (Britain and Sweden). It has good mastery of total expenditure but generates queues, or restrictions of choice and is now meeting persistent, if not worsening, inequalities in health provision.

Bismarck : Healthcare is financed through mandatory premiums based on a percentage of wages. The system controls total expenditure with difficulty but supplies more services to their members, but embodies inequalities in treatment between occupations or sectors of the economy.

Most health care systems are funded from a mixture of the two sources as seen in diagram 2. The countries of central and eastern Europe have faced the particularly difficult challenge of achieving equitable, balanced and sustainable systems in the context of transition to a mixed economy

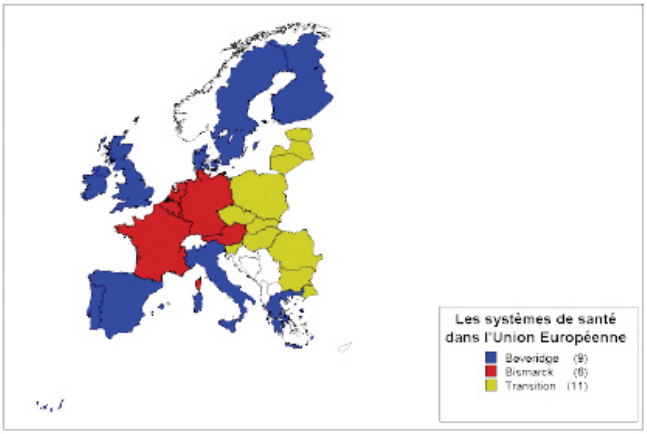

Diagram 2: *Sources of health care funding in the EU*

The European Health Insurance Card (EHIC) has for many years provided subsidised and often free access to the countries within the EU as well as Norway, Iceland and Switzerland. Only a small number of European countries are not in the scheme including The Channel Islands, (Guernsey, Alderney and Sark).the Isle of Man, Monaco, San Marino and the Vatican.[3,4] The (EHIC) does not cover going abroad for medical treatment. The wind of change threatens British access to these reciprocal provisions.

They do not cover repatriation and the care provision can only be as good as that operative for the local population. In the original member countries of the EU this may prove to be more immediate and better than what may be expected of the current NHS. However it may be limited in some of the newer EC countries such as Bulgaria and Romania, where the state is struggling to provide a universal health service to its citizens and in peripheral parts of other countries frequented by vacationers. Many British travellers falsely assume that in emergency they will receive the quality of medical and nursing support to which they are accustomed in the UK. They will pragmatically receive what is available in the local milieu, which may be lacking in facilities and in rural and remote vacation areas, even emergency ambulance service cannot be assumed.

Despite its limitations possession of the EHIC has been of great advantage to travelling UK residents. Brexit brings with it the prospect that this service will be lost when we leave the European Union. The average Briton is often unaware, until ill or disabled while abroad, of the benefits of EHIC ownership.

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Most vacationers will not appreciate loss of the service until faced with medical mishap and illness within the participating countries. The need for alternative private insurance will be paramount, expensive and likely to be restricted in cover. The change will particularly disadvantage elderly travellers already being offered limited health cover by insurers. Private insurance companies are increasingly present on the health care market, offering additional services and developing strategies to ease access to complex medical treatments. Private health insurers are interested in maximising profit, minimising expenditure, and excluding expensive treatments from benefits..

It is to be hoped that UK negotiators will be able to maintain this reciprocal health arrangement, but this will be a major challenge, there will be many competing priorities and reduced protection seems likely. Potential change may focus travellers' attention on the need to consider medical emergency provision in pretravel planning and preparation, a consideration which many currently neglect.

In the interim before our exit from the EU nurses and doctors should continue to advise those attending pretravel health clinics that the EHIC is for emergency treatment which becomes necessary while the individual is abroad. It has to be carried on the person and is not an alternative to travel health insurance. It will not cover any private medical healthcare or costs, such as mountain rescue in ski resorts, or repatriation to the UK. It is important to have both an EHIC and a valid private travel insurance policy. Some private travel health insurers now insist that travellers hold an EHIC and present the card before securing treatment, prior to their accepting the claim.

The card provides the right to access state-provided healthcare on temporary stays at a reduced cost or, in many cases, for free. This includes

- treatment of a chronic or pre-existing medical condition that becomes necessary during your visit.
- routine maternity care as long as the intention is not to go abroad to deliver. However, if the birth happens unexpectedly, the EHIC will cover the cost of all medical treatment for mother and baby linked to the birth.
- the provision of oxygen and kidney dialysis, arranged in advance.
- routine medical care for people with pre-existing conditions that need monitoring.
- the EHIC will not cover medical expenses for travel abroad specifically to have treatment (including giving birth)

References

1 EU directive on patients' rights in cross-border healthcare Department of Health October 2013
2 Cross Border Healthcare and Patient Mobility in Europe Information to accompany the implementation of Directive 2011/24/EU UK Gov.
3 The National Health Service (Cross-Border Healthcare) Regulations 2013 No. 2269 NHS UK Gov
4 National health service (cross-border healthcare) (England) directions 2013 NHS England. uk gov

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