

## **REMEMBRANCE TRAVEL PILGRIMAGE ESCORT BRIEFING DAY**

### **What is a Pilgrimage?**

It may seem unnecessary to define what a pilgrimage is, but it is sometimes useful as it focuses the mind. "A pilgrimage is a voyage or journey to a sacred place".

"A pilgrimage is a voyage or journey to a sacred place". The grave of a loved one, or relative, is a sacred place for them, the pilgrims.

I think that the essential difference between a pilgrimage and a battlefield tour is, that a pilgrimage starts with a specific grave and everything else that puts it in the historical or geographical context follows from that, whereas a battlefield tour starts with the historical and geographical content and the graves subsequently visited are part of the context.

### **What is Pilgrimage Medicine?**

Yesterday while focussing on defining what we do on a pilgrimage, I made the following definition.

"Pilgrimage medicine is a unique synthesis of preventive medicine, general practice, pre-hospital emergency care, and travel and trans-cultural medicine, with psychological and emotional support, set in a historical context, practised world wide as part of a team, in often challenging environments".

### **What do I do?**

I find all the doctors, nurses and occasional care assistants for the pilgrimages. Most are Service, Regular or Reserve, or ex-Service, or carers who have been recommended to me by professionals whose opinions I trust.

They are almost invariably trained GPs, or occasionally other experienced doctors. Any medical escort incurs the same costs in travel and accommodation, so it is better to use someone who should be able to make a clear decision in the case of any eventuality, and that is why I use GPs as a rule instead of nurses. On some short pilgrimages in Europe where I am having difficulty finding a doctor, I will send a nurse or paramedic.

I allocate doctors to a pilgrimage of their choice. When putting out the list of pilgrimages requiring medical support each year, I ask all the carers to make three choices, and to state if there are any family reasons why they want to go on any particular pilgrimage. Bob Crabb, a nurse always goes to see his great-grandfather's name on the Thiepval Memorial; Mike Calvert's nephew went as doctor on a Chindits' Pilgrimage, and others go where their fathers or other relatives served.

### **What does the Pilgrimage Doctor (or nurse) do before a pilgrimage**

Checks the "Medical-in-Confidence" proforma and contacts the pilgrims' GPs if necessary before the pilgrimage to make the final decisions whether someone should travel or not.

Problems with the form are:-

Inaccuracy - for the pilgrims this may be the trip of a lifetime, and patients and doctors may well overestimate the pilgrim's ability to climb stairs or carry bags. GPs may not know their patients as well as they did in the past. They only see them walk from the waiting room to the doctor's office, so can not judge properly the patients' mobility and stamina. I think that we should possibly add a box on the form for "Do you think that your patient will need wheel chair assistance at an airport?"

Some doctors charge patients to fill in the form, so that we have a medical self declaration form on the back. The problem with this is that psychiatric disease is underreported by some patients.

Some forms may arrive late or not at all.

Escorts do not fill in forms, but I think either they should or otherwise communicate their problems with the doctor.

## **2. Provides a medical bag and contents:-**

Problems:-

The MoD will not help the doctors fill the bags, even though the doctor is supporting "The MOD War Widows Grant in Aid Scheme". The Surgeon-General and the Director of Army Primary Health Care have not got a workable solution. Doctors and practice managers get round this problem in a variety of ways.

Airlines will not now allow doctors to carry sharp items in the cabins of aircraft, so the doctor's bag has to travel in the hold. The doctor should carry a small wash-bag in their hand luggage which should contain emergency medicines that do not depend on injections and are not liquid.

## **3. Documentation**

Some doctors have raised the issue of carrying controlled drugs through customs.

There is a certificate that can be filled in and sent to the Home Office for endorsement, to carry through customs and produce if challenged. (I do not use it and I have not significant problems with customs). The doctor is issued with a certificate from the pilgrimage department before each pilgrimage identifying him/her as the official doctor to the pilgrimage. I do not know whether these have been needed to be used, but they are re-assuring to have. The pilgrimage badge identifying you as the doctor is usually sufficient for most officials.

## **4. Meets the pilgrims at the Union Jack Club at the start of the Pilgrimage**

It is desirable that the doctor meets the pilgrims at the UJC at the beginning of the pilgrimage. Faces can be put to proforma and decisions can be made on fitness to travel. Meeting pilgrims at the airport often does happen, but the facilities for medically examining a patient if required and a shortage of time can be a problem.

## **The supporting roles of the doctor on tour**

### **Medical - prevention**

All pilgrims will have some medical advisory notes given out with the joining instructions when they book on a pilgrimage. These give them basic information about how to stay healthy. Travelling in a bus is a good time to remind the pilgrims about the immediate issues such as heat illness and the need to drink sufficient water,



or sunburn and to remember to take their hats and use sunscreen: it is important to prevent medical problems which have the potential for disrupting the pilgrimage for others. This is repeated as necessary. I encourage them to report symptoms early before feeling really ill and I can treat them early or reassure as necessary.

### **Medical - monitoring**

I advise the doctors to walk round the people at breakfast and ask how they have slept and how well they are. Any developing problems can then be dealt with before the day's activities. Likewise at the end of the day's activities, I remind them to tell me so that I can sort them out before dinner.

### **Medical – treatment**

Pilgrims requiring treatment will be dealt with by the doctor if possible using materials from the medical bag. Other medicines may be obtained by local purchase and the patient pays. If hospital treatment is required, the local guide will be consulted especially if we are out visiting. If in the hotel the guide will also be consulted, and/or the hotel doctor, who will be presented with the problem and asked which hospital the patient should be sent to. Some countries have an ambulance service, other do not; the hotel doctor will know the best way to transport the patient to hospital. If admitted to hospital the RBL doctor will remain with the patient until the treatment outcomes are clear. There are comprehensive guidance notes about what to do in relation to insurance, medical repatriation and death and they are in your wallets.

There have been five deaths on pilgrimages. Two were bus drivers but the buses were stationary at the time; the third was an overweight middle aged woman who was escorting her elderly mother in Italy and died in the bus on the way to the airport, and two old men died as the result of strokes and heart attacks having enjoyed themselves in the evening while relaxing after busy days on pilgrimages in the Far East.

Common medical problems are the usual D&V, indigestion and the effects of travel. Common surgical problems are pilgrims knocking their fragile skin on coffee tables, or when getting on and off transport: these skin flaps can be replaced by the doctor. Falls are common not usually serious, but there is always the possibility of a fractured hip. There have been psychiatric problems, usually precipitated by taking Larium (mefloquine) as an anti-malarial; these episodes could have been prevented if the past history of psychiatric illness had been declared.

### **Medical - PXR**

There is a medical PXR form for the doctor to fill in at the end of the pilgrimage which goes to the Pilgrimage Department, and then comes to me. It is fairly simple and it allows us to see what common problems occur.

It is very important that the **escort** reports back to the Department about how they found the doctor. This will ensure that doctors who are not helpful or in some way difficult, will be advised to modify their behaviour or they will no longer be used. I have stopped using four. The team that we have now are steady and reliable, although there are always new doctors joining us.

### **Support to the pilgrims**

The doctor should try to get to know the pilgrims well in the short time that they have together to find out their hopes and fears, and also they may have other previously unexpressed wishes that the escort does not know about, such as another grave, or the location of a scene of an incident. This is best achieved by sitting with different people at breakfast, lunch and dinner, and at other times during the day. If there is no inclusive meal, the doctor should accompany a party of pilgrims out to dinner trying to ensure that no one is left out and on their own. Inevitably some pilgrims will have special interest to the doctor either because of common upbringing, regimental ties, or geographical location but the doctor must try not to have favourites and spread his/her attention around the whole pilgrimage.

Helping the pilgrims off the bus and giving out the keys when registering at a hotel are excellent opportunities to learn their names and assess their capabilities.

I try to discourage doctors from bringing spouses and companions on their first pilgrimage, so that they give the pilgrims their undivided attention. If a spouse does accompany the doctor, I try to ensure that s/he knows that they should move around among the pilgrims at meals, possibly separately, and that the spouse becomes a helper rather than expecting attention.

### **Support to the pilgrimage escorting party**

The escorting party should meet daily in a quiet area, ideally for drinks before dinner. Then issues that have arisen during the day can be discussed, and pilgrims who are causing concern can be identified. The tasks for the next day can be identified and allocated.

When a number of pilgrims are visiting personal graves in the same cemetery the doctor should accompany one, or one couple. Having found the grave and seen that the pilgrims are composed, then the doctor can help in little ways like taking their photographs, and then fetching the standard bearer for the act of remembrance at the grave side.

Where the escort has to take a number of photographs, special requests tasked by the Pilgrimage Department, the doctor can help by finding the graves, taking duplicate photographs, carrying the poppy sprays, holding the millboard etc.

Experienced doctors will see when help is required in many different ways, and always be willing to help, if free to do so. Perhaps one of the most important is to see that the escort has a drink at hand after the whole party is checked into the hotel, and the escort is making the plans for the next day and waiting to see if there are any problems with the rooms.

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