

# Travel and dialysis: How can nurses help?

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## Objectives

- Review benefits of travel
- Outline travel issues for people on dialysis
- Explore facilitation of travel for people on dialysis

## Learning Outcomes

Apply knowledge of barriers and solutions to help people on dialysis

- Contemplate travel as a possibility
- Plan travel realistically
- Enjoy travel safely

## Key Words

Renal Failure, Dialysis, Travel

## Abstract

*"I swims in the Tagus all across at once, and I rides on an ass or a mule, and swears Portuguese, and have got a diarrhea and bites from the mosquitoes. But what of that? Comfort must not be expected by folks that go a pleasuring."*

Lord Byron

## Introduction

How many of us spent time away from our work or home lives in the past 18 months? I have had several long-weekends away staying at a friend's shack, 6 weeks overseas with my family in Europe, five days in Asia with my partner, six days interstate for conferences, and most recently four days in another city for work. I found these experiences uplifting and refreshing and, what's more, motivating. This travel required very little effort or planning; several hours at a computer is all it takes for most of us to organise travel to virtually anywhere on the planet.

The biggest concern with travel for us may be rostering. We should recognise that travel for our clients is an entirely different kettle of fish.

## Benefits of travel

*"Voyage, travel, and change of place impart vigor."* Seneca, 1st Century philosopher

According to the Travel Industry Association (2009) travel has health benefits including:

- An annual vacation can cut a person's risk of heart attack by 50 percent.
- Recuperation and improvement in exhaustion are facilitated by free time for one's self, warmer (and sunnier) vacation locations, exercise during vacation, good sleep, and making new acquaintances,
- A study of almost 20,000 Canadians showed that physically active leisure has been found to directly contribute to higher levels of physical and mental health – especially during times of stress.
- Even the anticipation of vacation travel generates an increase in positive feelings about one's life as a whole, family, economic situation, and health.
- Life satisfaction also increases during vacation, and these effects continue after returning home,
- There is also a positive relationship between vacations and intellectual functioning

Our patients often have multiple health problems. Thirty three percent of new patients starting dialysis in Australia have a diagnosed co morbidity of coronary artery disease (ANZDATA 2008). Others battle with myriad other physical and

## Key Words

dialysis, holiday, education

mental health problems. These can be compounded by social/family stresses and crises induced or worsened by the need to undergo regular life sustaining treatment regimes and their concomitant complications.

In accepting that travel is integral to living well (or better) we embrace the challenge of educating our client population to realise that, other things being equal, their condition does not rule out travel. To this end we can help our patients find satisfactory solutions to the dilemma of organising travel whilst maintaining an optimum dialysis regime.

## Travel issues for people on dialysis

### Health and co-morbidities

As mentioned our patients often live with other health concerns besides renal failure. Many are older and frail or perhaps physically incapacitated in some way. Often they require mobility aids such as walker frames or wheelchairs. Many people on dialysis have an armoury of medications to take each day, with some medications needing to be given by injection. When people on dialysis organise travel to another state or country there is generally an expectation that they will take their own medications with them. This places the financial burden on the home dialysis unit however the responsibility for safe storage and transport hangs on the shoulders of the travelling patient.

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### **Socio-economics**

For most people travel will involve an outlay of money beyond the everyday. People on dialysis, with associated health restrictions, may find participating in the workforce difficult or impossible. We often see clients who survive on the financial edge of their seats through part-time work, fitted around a busy dialysis schedule, or disability pensions and the carer benefits of their spouse or partner. Contemplating travel of any sort must be beyond the imagining of many of our patients simply because they are more concerned with paying the next household bill or saving to buy Christmas presents for grandchildren. This is not always the case and there are probably many choosing not to travel because they see it as impossible due to health restrictions.

### **Safety and Quality**

In Australian healthcare we are generally proud of our infection control measures and safety standards. This may lead to trepidation amongst those contemplating dialysis overseas. We may be asked questions such as “what is the likelihood of my catching hepatitis or AIDS in a foreign dialysis unit?” or “If I become unwell will the doctors be properly qualified to treat me?” We may ask ourselves similar questions too; “Do they [foreign dialysis units] adhere to international water quality standards?” “Can my patient receive their usual dialysis regime including biocompatible membranes or convective therapies?” “Will the PD supplies arrive undamaged at my patient’s destination?”

### **Language and Culture**

When we embark on travel to foreign shores there is an expectation, and anticipation, that we will encounter strange, exotic people speaking unfamiliar languages and living in unfamiliar ways. For our patients this anticipation may be tinged with dread. Trying to make yourself understood in schoolgirl French is a bit of fun when buying food from the butcher in the French countryside. How different might this be if we are trying to tell a nurse or doctor that we are feeling ‘flat’ during dialysis, or a

pharmacist that our medications had been stolen from our hotel?

### **Facilitating travel for people on dialysis**

#### **Health and co-morbidities**

Our clients can travel, and should plan downtime. They can select low-impact adventures. Donkey rides may be out whilst a city sightseeing bus excursion, art gallery or museum tour can be the highlight of a holiday. Many world famous monuments are accessible for people with disabilities; for example the top of the Eiffel Tower can be reached by lift for those unable to contemplate the strenuous stair climb.

#### **Socio-economics**

People on dialysis can travel within Australia at no extra cost for their treatment unless utilising private dialysis facilities. It may come as a surprise that many overseas destinations offer the same possibility. Australia has reciprocal Medicare agreements with some, not all, countries, including New Zealand, United Kingdom, Republic of Ireland, Sweden, The Netherlands, Finland, Italy, Belgium, Malta and Norway. Dialysis is specifically included by the UK, New Zealand and the Netherlands.

#### **Safety and Quality**

When one of our patients begins planning or discussing a trip overseas we can help by looking at the facilities on offer and using our professional experience to determine suitability of facilities being offered. Some hospitals/dialysis units have web sites where they publish information about specific standards to which they adhere (e.g. infection control, single-use, water quality). In other instances we can make email contact to request such information. This will allow our patients to make a truly informed decision before embarking on final travel plans.

#### **Peritoneal Dialysis**

Knotek and Biel (2004) offer a guide to help plan travel for peritoneal dialysis

patients. The authors step the healthcare professional through the many facets involved and include links to resource documents that the authors are happy for others to use and adapt as needed. With some careful thought we should be able to adapt these guidelines to the Australasian dialysis scene for our clients.

#### **Haemodialysis**

For people on haemodialysis there will of course be other considerations.

#### **Planning and Booking**

A priority for any haemodialysis traveller is to decide on preferred destination/s and seek accommodation for dialysis sessions in a haemodialysis facility. Kidney Health Australia publishes a list of Australian dialysis units offering spots for those on holiday (see table). There are other means for locating dialysis overseas including several businesses that offer dialysis on the high seas. Pengelly (2006) gives some insight into the importance of ensuring quality in cruising dialysis and is also a great reference tool to remind us of the implications of quality care in all dialysis facilities.

#### **On the Road**

Not all travellers want to stay on the beaten track and people on peritoneal dialysis certainly have the advantage over those on haemo. PD supplies can if necessary be taken by the traveller or delivered to many places ahead of time by dialysis companies. People on haemodialysis need to access a machine and a sufficient, clean water supply. This may be possible in some instances by either finding a holiday house/cabin that has been set up for dialysis, generally home dialysis, or by taking the machine with them on the road. Payumo, Evans and Traarbach (2006) reported on one couple who purchased and equipped their own mobile home dialysis camper-van. This venture enabled the couple to set themselves free all over Canada and later the United States of America. Sadly, not all our patients would be able to afford their own private camper, with or without a dialysis machine. Yet others are not able to undertake home

dialysis and are reliant on us, the renal health carers, to 'do' for them. Enterprising communities have successfully established various forms of dialysis travel vans and some are located within New Zealand and the UK.

### Language and Culture

English is variously reported as the second or third most widely spoken language in the world. New tools such as phones with translation software are easily available and reasonably affordable. With careful planning a traveller can feel confident of conveying their message in many foreign places. People with any medical condition are advised to carry letters detailing their medical history. It will also be helpful to those travelling to non-English speaking places to prepare several key phrases concerning important points. These can range from medical requests to descriptions of symptoms. Generally accommodation places have contact details for local doctors and medical facilities.

Just as we are aware that some of our clients have specific needs due to cultural practices and beliefs in Australasia, travellers should also bear in mind there may be different methods involved in the provision of health care overseas.

### Body Fuel

The involvement of our renal dieticians is an important facet of travel plans for our patients (Knotek & Biel 2004). Our dieticians follow well-described guidelines on diet and fluids for people with renal failure. Dieticians will be able to guide people in how to make safe choices when confronted with unfamiliar food and fluids.

### Conclusion

Travel can and should result in positive benefits to those who embrace its challenges. With judicious planning the physical and mental health benefits to our clients are there for the having.

### Questions and Activities

The following questions and activities are designed to make us think about our everyday practice and to encourage us to strive for improvements in the daily lives and health of our patients.

- Q: Find out what your home unit requires before someone can book in for holiday dialysis
- A: Discuss with your colleagues the possibility of contacting a local service organisation (e.g. Lions, Rotary) for support for a holiday dialysis set-up
- Q: What sort of clinical or health risks would dialysis away from home pose for your patients?
- A: Become involved in the organisation next time one of your patients wants to travel
- A: Find out the costs involved for someone from outside the reciprocal agreement countries who dialyses in your unit.
- Q: How many of your unit's dialysis patients travel regularly for work or leisure?
- A: Think about putting up a display on travel for patients in your unit
- A: See if you can arrange a holiday swap between your own unit and another elsewhere in Australia. One or two staff and a small group of patients could swap with a similar group to use each other's facilities whilst having a break

*Avoiding danger is no safer in the long run than outright exposure. Life is either a daring adventure or nothing. — Helen Keller*

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### Table: Resources for Travellers on Dialysis: a starter list

- USA: <http://www.aakp.org/aakp-library/traveling/index.cfm>
- New Zealand: <http://www.kidneys.co.nz/holiday-dialysis/>
- Australia: <http://www.kidney.org.au/ForPatients/DUGDialysisUnitGuide/tabid/607/Default.aspx>
- International: <http://www.globaldialysis.com/>
- At Sea: <http://www.dialysisatsea.com/> or <http://www.dialysiswhilecruising.com/>

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